

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
401836164  
Date Received:  
11/12/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Lindsey Rider

970-285-2711

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302279

Inspection Date: 11/05/2018

FIR Submit Date: 11/05/2018

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: CAERUS PICEANCE LLC

Company Number: 10456

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 334987

Location Name: KELLY-66S92W Number: 34SWSW County: GARFIELD

Qtrqr: SWS Sec: 34 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.476830 Longitude: -107.661210

FACILITY - API Number: 05-045- -00 Facility ID: 272244

Facility Name: KELLY Number: 34-14  
(M34NE)

Qtrqr: SWS Sec: 34 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.476830 Longitude: -107.661210

CORRECTIVE ACTIONS:

1 CA# 120188

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 12/05/2018

Response: CA COMPLETED

Date of Completion: 11/12/2018

Operator  
Comment: Liner Repaired

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**2** CA# 120189

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 12/05/2018

Response: CA COMPLETED

Date of Completion: 11/12/2018

Operator  
Comment: Valve tightened.

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COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**4** CA# 120191

Corrective Action: Comply with Rule 603.f .

Date: 11/16/2018

Response: CA COMPLETED

Date of Completion: 11/12/2018

Operator  
Comment: Unused equipment removed.

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COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Lindsey Rider

Signed: \_\_\_\_\_

Title: EHS Lead

Date: 11/12/2018 1:53:29 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

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Total Attach: 0 Files