

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401836353

Date Received:
11/12/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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
<u>Lindsey Rider</u>	<u>970-285-2711</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 674104456

Inspection Date: 05/31/2018

FIR Submit Date: 06/06/2018

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: 312434

Location Name: WISSEL-610S95W Number: 17SWSE County: MESA

Qtrqr: SWSE Sec: 17 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.183920 Longitude: -108.014110

FACILITY - API Number: 05-077-00 Facility ID: 221591

Facility Name: WISSEL Number: 17-2 (PL17SE)

Qtrqr: SWSE Sec: 17 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.183920 Longitude: -108.014110

CORRECTIVE ACTIONS:

1 CA# 116703

Corrective Action: There are two CAs in this Section:

CA#1) Control Noxious Weeds on Location and along Access Road ASAP; contacting Teresa Nees, Coordinator, Mesa County Noxious Weed & Pest Management to facilitate coordination with area Integrated Weed Management Plan. Operator was contacted & indicated Weed control for Site was scheduled.

CA#2) Conduct Vegetation assessment in growing season 2018; re-seeding/ inter-seeding, amending soil as necessary. Reclamation Activities to be complete by November 1, 2018

Date: 11/01/2018

Response: CA COMPLETED

Date of Completion: 09/16/2018

Operator Comment: Noxious Weeds Treated. Worked with Teresa Nees on special treatment for the Dalmation Toadflax. Complete 9/16/18

COGCC Decision: _____

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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 2:38:36 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files