

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:  
401836228

Date Received:  
11/12/2018

## FIR RESOLUTION FORM

### CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 689302088

Inspection Date: 10/10/2018

FIR Submit Date: 10/10/2018

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: 324340

Location Name: Encore West Unit Number: H2SW County: GARFIELD

Qtrqtr: Lot 12 Sec: 2 Twp: 8S Range: 93W Meridian: 6

Latitude: 39.396865 Longitude: -107.735196

### FACILITY - API Number: 05-045-00 Facility ID: 449556

Facility Name: Federal Number: 7007E-2 (H2SW)

Qtrqtr: Lot 12 Sec: 2 Twp: 8S Range: 93W Meridian: 6

Latitude: 39.396865 Longitude: -107.735196

### CORRECTIVE ACTIONS:

1 ☒ CA# 119440

Corrective Action: Comply with rule 603. f.

Date: 11/10/2018

Response: CA COMPLETED

Date of Completion: 10/17/2018

Operator  
Comment:

Unused equipment was removed.

COGCC Decision: Approved

COGCC Representative:			
2	<input checked="" type="checkbox"/> CA# 119441		
Corrective Action:	Install sign to comply with Rule 210.e.		Date: <u>11/10/2018</u>
Response:	CA COMPLETED		Date of Completion: <u>10/17/2018</u>
Operator Comment:	Sign was corrected		
COGCC Decision:	Approved		
COGCC Representative:			

<b>OPERATOR COMMENT AND SUBMITTAL</b>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Lindsey Rider</u>	Signed: _____
Title: <u>EHS Lead</u>	Date: <u>11/12/2018 2:09:40 PM</u>

### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
401836228	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files