

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:  
401816898  
Date Received:  
10/30/2018

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: 681701098  
Inspection Date: 10/01/2018 FIR Submit Date: 10/02/2018 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:

Location Name: Number: County:  
Qtrqr: NWSE Sec: 25 Twp: 5S Range: 96W Meridian: 6  
Latitude: 39.584419 Longitude: -108.115555

FACILITY - API Number: 05-045-00 Facility ID: 457694

Facility Name: West Fork 3-Phase Line Number:  
Qtrqr: NWSE Sec: 25 Twp: 5S Range: 96W Meridian: 6  
Latitude: 39.584419 Longitude: -108.115555

CORRECTIVE ACTIONS:

1 ☒ CA# 119166

Corrective Action: Submit a Form 4 Sundry Notice for temporary storage of impacted material at J25A 596 Pad (Location ID #335650) to the attention of Steven Arauza.

Date: 10/09/2018

Response: CA COMPLETED Date of Completion: 10/04/2018

Operator Comment: Form 4 submitted.

COGCC Decision: Approved

COGCC  
Representative:

2 ☒ CA# 119167

Corrective Action: Submit Supplemental eForm 19 Spill/Release Report within 10 calendar days of spill discovery, per Rule 906.b. Supplemental eForm 19 should note that Waters of the State were threatened or impacted by the spill.

Date: 10/08/2018

Response: CA COMPLETED

Date of Completion: 10/04/2018

Operator  
Comment: A Form 19 was submitted.

COGCC Decision: Approved

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: 10/30/2018 2:24:23 PM

#### **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>
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401816898	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files