

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:
401881632

Date Received:
12/19/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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: 689302087

Inspection Date: 10/10/2018

FIR Submit Date: 10/11/2018

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: 334322

Location Name: WIEBEN-68S93W Number: 2SWSW County: GARFIELD

Qtrqr: TR 43 Sec: 2 Twp: 8S Range: 93W Meridian: 6

Latitude: 39.388030 Longitude: -107.748030

FACILITY - API Number: 05-045- -00 Facility ID: 269390

Facility Name: WIEBEN Number: 2-13
(M2SW)

Qtrqr: TR 43 Sec: 2 Twp: 8S Range: 93W Meridian: 6

Latitude: 39.388030 Longitude: -107.748030

CORRECTIVE ACTIONS:

2 CA# 119438

Corrective Action: A Sundry Notice, Form 4, shall be submitted annually stating the method the well is closed to the atmosphere and plans for future operation.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/19/2018

Operator Comment: M2SW(Wieben 2-13)-Form 4 submitted - Doc#401881049

COGCC Decision: _____

COGCC
Representative:

3 CA# 119439

Corrective Action: A Sundry Notice, Form 4, shall be submitted annually stating the method the well is closed to the atmosphere and plans for future operation.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/19/2018

Operator
Comment:

M2SW(HMU 10-1)-Form 4 submitted - Doc#401881084

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: 12/19/2018 9:57:07 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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Total Attach: 0 Files