

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:
401799422
Date Received:
10/17/2018

FIR RESOLUTION FORM

CA Summary:
1 of 3 CAs from the FIR responded to on this Form
0 CA Completed
1 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: 689302122
Inspection Date: 10/15/2018 FIR Submit Date: 10/15/2018 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: 335376

Location Name: GMR-66S93W Number: 27NWNE County: GARFIELD
Qtrqtr: NWNE Sec: 27 Twp: 6S Range: 93W Meridian: 6
Latitude: 39.504090 Longitude: -107.758970

FACILITY - API Number: 05-045-00 Facility ID: 261293

Facility Name: GMR Number: 27-2B1 (B27)
Qtrqtr: NWNE Sec: 27 Twp: 6S Range: 93W Meridian: 6
Latitude: 39.504090 Longitude: -107.758970

CORRECTIVE ACTIIONS:

1 CA# 119572

Corrective Action: Comply with rule 603.f. For unused, unmarked flowline risers, 24 hrs to LOTO, 30 days to remove riser Date: 11/15/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: The sales line is live and under pressure and is tested annually.
The dump lines are marked with tags and being kept for future use. These lines were pressure tested and the data was submitted during the NTO process. The lines will be pressure tested again as required and prior to

being put back in service. Please remove this corrective action from the inspection.

COGCC Decision: **Not Approved**

COGCC
Representative:

COGCC
Supervisor:

No documentation was submitted to support Factual Review Request

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: 10/17/2018 9:52:46 AM

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>
401799422	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files