

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:

401905715

Date Received:

01/15/2019

FIR RESOLUTION FORM

Overall Status: CAC

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: 679701215

Inspection Date: 10/05/2018

FIR Submit Date: 10/20/2018

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: 316327

Location Name: FIGURE FOUR UNIT-64S98W Number: 14NWSW County: RIO BLANCO

Qtrqtr: NWS Sec: 14 Twp: 4S Range: 98W Meridian: 6  
W

Latitude: 39.698849 Longitude: -108.363905

FACILITY - API Number: 05-103- -00 Facility ID: 265004

Facility Name: FIGURE FOUR UNIT Number: 812D L14  
498

Qtrqtr: NWS Sec: 14 Twp: 4S Range: 98W Meridian: 6  
W

Latitude: 39.698849 Longitude: -108.363905

CORRECTIVE ACTIONS:

1 CA# 119709

Corrective Action: Install sign to comply with Rule 210.e.

Date: 11/23/2018

Response: CA COMPLETED

Date of Completion: 11/14/2018

Operator  
Comment: Sign Replaced.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 119710

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 11/23/2018

Response: CA COMPLETED

Date of Completion: 11/14/2018

Operator  
Comment:

Removed.

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: 1/15/2019 1:50:52 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