

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:

401911701

Date Received:

01/21/2019

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: 689302942

Inspection Date: 01/12/2019

FIR Submit Date: 01/12/2019

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: 311615

Location Name: HMU-67S92W Number: 19SWNE County: GARFIELD

Qtrqr: SWNE Sec: 19 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.432237 Longitude: -107.708672

FACILITY - API Number: 05-045- -00 Facility ID: 270079

Facility Name: SHIDELER Number: 19-7B (F19)

Qtrqr: SWNE Sec: 19 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.432237 Longitude: -107.708672

CORRECTIVE ACTIONS:

1 CA# 121677

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 01/11/2019

Response: CA COMPLETED

Date of Completion: 01/17/2019

Operator
Comment: Liner Repaired

COGCC Decision: _____

COGCC
Representative:

2 CA# 121678

Corrective Action: Comply with Rule 603.f .
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove
riser

Date: 01/11/2019

Response: CA COMPLETED

Date of Completion: 01/17/2019

Operator
Comment: Unused equipment 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: 1/21/2019 11:14:02 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>
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Total Attach: 0 Files