

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:  
401911791

Date Received:  
01/21/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

1 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: 689302124

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: 383334

Location Name: GMU-66S93W Number: 22NESW County: GARFIELD

Qtrqtr: NESW Sec: 22 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.508554 Longitude: -107.762996

FACILITY - API Number: 05-045- -00 Facility ID: 301918

Facility Name: GMU Number: 22-6  
(K22NW)

Qtrqtr: NESW Sec: 22 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.508554 Longitude: -107.762996

CORRECTIVE ACTIONS:

2 CA# 119576

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: 11/15/2018

Response: CA COMPLETED

Date of Completion: 05/22/2017

Operator  
Comment:

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.

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 11:42:36 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

401911802	K22NW Pressure Test Data
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Total Attach: 1 Files