

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:

401933143

Date Received:

02/08/2019

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: 689303128

Inspection Date: 01/30/2019

FIR Submit Date: 01/30/2019

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: 335399

Location Name: GMR-66S93W Number: 33SWNE County: GARFIELD

Qtrqr: SWNE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.485045 Longitude: -107.776354

FACILITY - API Number: 05-045- -00 Facility ID: 299158

Facility Name: GMR Number: 33-10A
(G33NW)

Qtrqr: SWNE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.485045 Longitude: -107.776354

CORRECTIVE ACTIONS:

1 CA# 122186

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: 03/04/2019

Response: CA COMPLETED

Date of Completion: 02/06/2019

Operator Comment: Valves tightened.

COGCC Decision: _____

COGCC
Representative:

2 CA# 122187

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

Date: 03/04/2019

Response: CA COMPLETED

Date of Completion: 02/06/2019

Operator
Comment:

Flowline marked.

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: 2/8/2019 9:26:23 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