

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:
402007915

Date Received:
04/15/2019

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: 689702980

Inspection Date: 04/04/2019

FIR Submit Date: 04/04/2019

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: 335880

Location Name: 596-33C Number: _____ County: _____

Qtrqr: SWS Sec: 33 Twp: 5S Range: 96W Meridian: 6
W

Latitude: 39.564950 Longitude: -108.178840

FACILITY - API Number: 05-045- -00 Facility ID: 335880

Facility Name: 596-33C Number: _____

Qtrqr: SWS Sec: 33 Twp: 5S Range: 96W Meridian: 6
W

Latitude: 39.564950 Longitude: -108.178840

CORRECTIVE ACTIONS:

1 CA# 123886

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

Date: 06/05/2019

Response: CA COMPLETED

Date of Completion: 04/10/2019

Operator
Comment: Sign corrected

COGCC Decision: _____

COGCC
Representative:

2 CA# 123887

Corrective Action: Location is within a designated setback location, repair or install berms or other secondary containment devices per Rule 604.c.(2)G.

Date: 04/22/2019

Response: CA COMPLETED

Date of Completion: 04/10/2019

Operator
Comment: Precipitation removed from containment.

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: 4/15/2019 9:22:02 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