

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:

402007928

Date Received:

04/15/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 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: 675002110

Inspection Date: 04/01/2019

FIR Submit Date: 04/01/2019

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: 334085

Location Name: S. Parachute Federal Number: PF-31 County: GARFIELD

Qtrqr: SENW Sec: 31 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.394891 Longitude: -108.043576

FACILITY - API Number: 05-045- -00 Facility ID: 422189

Facility Name: Federal Number: 31-7B
(PF31)

Qtrqr: SENW Sec: 31 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.394891 Longitude: -108.043576

CORRECTIVE ACTIONS:

1 CA# 123768

Corrective Action: Comply with Rule 603.f .

Date: 05/01/2019

Response: CA COMPLETED

Date of Completion: 04/04/2019

Operator Comment: Unused equipment removed

COGCC Decision: _____

COGCC
Representative:

3 CA# 123770

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

Date: 06/03/2019

Response: CA COMPLETED

Date of Completion: 04/05/2019

Operator
Comment: Signs corrected

COGCC Decision:

COGCC
Representative:

4 CA# 123771

Corrective Action: Comply with Rule 603.f .

Date: 04/12/2019

Response: CA COMPLETED

Date of Completion: 04/04/2019

Operator
Comment: Trash 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: 4/15/2019 9:26:56 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