

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:
402179432

Date Received:
09/17/2019

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

Romana Cowden

970-285-2771

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679705229

Inspection Date: 08/27/2019

FIR Submit Date: 08/27/2019

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: 315646

Location Name: CORRAL CREEK-61S99W Number: 29SWSW County: RIO BLANCO

Qtrqr: SWS Sec: 29 Twp: 1S Range: 99W Meridian: 6
W

Latitude: 39.929985 Longitude: -108.533871

FACILITY - API Number: 05-103- -00 Facility ID: 231237

Facility Name: CORRAL CREEK Number: 4508

Qtrqr: SWS Sec: 29 Twp: 1S Range: 99W Meridian: 6
W

Latitude: 39.929985 Longitude: -108.533871

CORRECTIVE ACTIONS:

1 CA# 129750

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: 09/26/2019

Response: CA COMPLETED

Date of Completion: 09/12/2019

Equipment was maintained.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 129751

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

Date: 09/26/2019

Response: CA COMPLETED

Date of Completion: 09/12/2019

Operator
Comment:

Emergency contact was added.

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: Romana Cowden

Signed:

Title: EHS

Date: 9/17/2019 1:09:36 PM

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