

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:

402181326

Date Received:

09/18/2019

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: 689703521

Inspection Date: 09/10/2019

FIR Submit Date: 09/10/2019

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: 335905

Location Name: N. PARACHUTE-65S95W Number: 19NENW County: _____

Qtrqr: NENW Sec: 19 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.605381 Longitude: -108.102244

FACILITY - API Number: 05-045- -00 Facility ID: 335905

Facility Name: N. PARACHUTE-65S95W Number: 19NENW

Qtrqr: NENW Sec: 19 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.605381 Longitude: -108.102244

CORRECTIVE ACTIONS:

1 ☒ CA# 130384

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 09/26/2019

Response: CA COMPLETED

Date of Completion: 09/17/2019

Operator Comment: Anchors have been removed from pad

COGCC Decision: Approved pending re-inspection

COGCC Representative:			
2	<input checked="" type="checkbox"/> CA# 130385		
Corrective Action:	Install or repair required BMPs per Rule 1002.f.		Date: <u>10/11/2019</u>
Response:	CA COMPLETED		Date of Completion: <u>09/17/2019</u>
Operator Comment:	Rat hole has been filled in.		
COGCC Decision:	Approved pending re-inspection		
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: <u>Romana Cowden</u>	Signed: _____
Title: <u>EHS</u>	Date: <u>9/18/2019 2:55:17 PM</u>

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>
402181326	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files