

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:
402274478

Date Received:
12/30/2019

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: 699800193

Inspection Date: 12/13/2019

FIR Submit Date: 12/13/2019

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: 312691

Location Name: Orchard Unit Number: 28-6 County: _____
(E28OU)

Qtrqtr: SWN Sec: 28 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.320720 Longitude: -108.122220

FACILITY - API Number: 05-077- -00 Facility ID: 312691

Facility Name: Orchard Unit Number: 28-6
(E28OU)

Qtrqtr: SWN Sec: 28 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.320720 Longitude: -108.122220

CORRECTIVE ACTIONS:

1 CA# 135338

Corrective Action: Production facilities, shall be kept free of equipment and supplies not necessary for use on that lease. Remove battery boxes and stainless steel tubing from location.

Date: 12/28/2019

Response: CA COMPLETED

Date of Completion: 12/20/2019

Operator
Comment: Removed.

COGCC Decision: _____

COGCC
Representative:

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2 CA# 135339

Corrective Action: Containers that are used to store, treat, or otherwise handle a hazardous material are required to be marked, placarded, or labeled. Properly label drum.

Date: 02/13/2020

Response: CA COMPLETED

Date of Completion: 12/20/2019

Operator
Comment:

Label was added

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COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 12/30/2019 2:22:59 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