

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:  
402288344

Date Received:  
01/16/2020

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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
<u>Romana Cowden</u>	<u>970-285-2771</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200543

Inspection Date: 01/10/2020

FIR Submit Date: 01/13/2020

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: 334770

Location Name: SHIDELER-67S92W Number: 20SWNW County: GARFIELD

Qtrqr: SWN Sec: 20 Twp: 7S Range: 92W Meridian: 6  
W

Latitude: 39.434304 Longitude: -107.698459

FACILITY - API Number: 05-045- -00 Facility ID: 211587

Facility Name: SHIDELER Number: 20-5

Qtrqr: SWN Sec: 20 Twp: 7S Range: 92W Meridian: 6  
W

Latitude: 39.434304 Longitude: -107.698459

CORRECTIVE ACTIIONS:

**1** CA# 135913

Corrective Action: Provide pressure test results, performed before returning back to in service, Via FIRR and email to Western Integrity inspector  
Provide flowline annual pressure test data results for previous year. Via FIRR and email to Western Integrity inspector

Date: 01/20/2020

Response: CA COMPLETED Date of Completion: 01/16/2020

Sent to Richard Murray and attached documentation to this FIRR.

Operator Comment: \_\_\_\_\_

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: 1/16/2020 3:19:00 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>
402288346	E20E Pressure Test Data 2019 and 2020

Total Attach: 1 Files