

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:

402284179

Date Received:

01/13/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 4 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: 698100102

Inspection Date: 11/25/2019

FIR Submit Date: 12/04/2019

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: 334416

Location Name: Keinath Federal Number: 17-11H County: _____
(C16OU)

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355313 Longitude: -108.114492

FACILITY - API Number: 05-077- -00 Facility ID: 334416

Facility Name: Keinath Federal Number: 17-11H
(C16OU)

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355313 Longitude: -108.114492

CORRECTIVE ACTIONS:

2 ☒ CA# 135088

Corrective Action: Comply with Rule 603.f.

Date: 12/20/2019

Response: CA COMPLETED

Date of Completion: 12/20/2020

Operator
Comment: Equipment was removed.

COGCC Decision: Approved

COGCC
Representative:

3 ☒ CA# 135089

Corrective Action: Lock out/tag out unused flowline risers within 24 hours of receipt of this report.
Remove unused flowline risers within 30 days to comply with Rule 603.f.

Date: 12/05/2019

Response: CA COMPLETED

Date of Completion: 12/05/2019

Operator
Comment: Risers were locked out and tagged out.

COGCC Decision: Approved

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: 1/13/2020 2:54:58 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402284179	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files