

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:

402230830

Date Received:

11/05/2019

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

Romana Cowden

Phone

970-285-2771

Email

rcowden@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692401427

Inspection Date: 09/19/2019

FIR Submit Date: 10/10/2019

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: 312394

Location Name: WALLACE CURRIER-610S95W Number: 19NENE County: MESA

Qtrqtr: NENE Sec: 19 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.179240 Longitude: -108.027250

FACILITY - API Number: 05-077-00 Facility ID: 221486

Facility Name: WALLACE CURRIER Number: 19-1
(PL19NE)

Qtrqtr: NENE Sec: 19 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.179240 Longitude: -108.027250

CORRECTIVE ACTIONS:

1 ☒ CA# 131593

Corrective Action: CA from previous insp has not been resolved:

Date: 10/16/2019

Perform Final Reclamation per COGCC 1004 Rules; Reclamation Activities to be complete by October 16, 2017 or Apply for Final Reclamation Variance as outlined in Reclamation Variances & Waivers Guideline Document by CA Date.

Response: CA COMPLETED

Date of Completion: 10/16/2019

Caerus spoke with COGCC Reclamation Specialist 10/16/2019 regarding the approved and attached form-4 document # 400927447

Operator
Comment:

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: 11/5/2019 7:49:23 AM

ATTACHMENT LIST

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

Document Number **Description**

402230830	FIR RESOLUTION SUBMITTED
402230832	Approved reclamation waiver

Total Attach: 2 Files