

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:

402334679

Date Received:

03/06/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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

Romana Cowden

Phone

970-285-2771

Email

rcowden@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699800388

Inspection Date: 01/14/2020

FIR Submit Date: 01/14/2020

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: 421652

Location Name: Federal Number: 28-11 County: _____
(PL28SW)

Qtrqtr: NESW Sec: 28 Twp: 9S Range: 96W Meridian: 6

Latitude: 39.243290 Longitude: -108.112170

FACILITY - API Number: 05-077- -00 Facility ID: 421652

Facility Name: Federal Number: 28-11
(PL28SW)

Qtrqtr: NESW Sec: 28 Twp: 9S Range: 96W Meridian: 6

Latitude: 39.243290 Longitude: -108.112170

CORRECTIVE ACTIONS:

1 CA# 135962

Corrective Action: Production facilities, shall be kept free of rubbish and other waste material. Remove trash from location.

Date: 01/21/2020

Response: CA COMPLETED

Date of Completion: 01/21/2020

Operator
Comment:

Trash was removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 135963

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

Date: 01/29/2020

Response: CA COMPLETED

Date of Completion: 01/29/2020

Operator
Comment:

Unused equipement was removed.

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: 3/6/2020 10:06:46 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files