

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:
402362077

Date Received:
04/03/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 6 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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>rcowden@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 698100111

Inspection Date: 12/20/2019

FIR Submit Date: 12/30/2019

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: 334653

Location Name: CLEM JR.-67S95W Number: 15NWNE County: _____

Qtrqr: NWNE Sec: 15 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.442670 Longitude: -107.982400

FACILITY - API Number: 05-045-00 Facility ID: 334653

Facility Name: CLEM JR.-67S95W Number: 15NWNE

Qtrqr: NWNE Sec: 15 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.442670 Longitude: -107.982400

CORRECTIVE ACTIONS:

4 CA# 135627

Corrective Action: Operator shall submit a Supplemental eForm 19 to provide an update on the status of Spill/Release ID #470298, to document surface owner notification, and to provide Root Cause information (if available).

Date: 01/16/2020

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

Operator Comment: Form was submitted.

COGCC Decision: _____

COGCC
Representative:

5 CA# 135628

Corrective Action: Operator shall submit an Initial eForm 27 Site Investigation and Remediation Workplan to comply with COAs listed on doc #402266767.

Date: 01/31/2020

Response: CA COMPLETED

Date of Completion: 01/31/2020

Operator
Comment:

Form was submitted.

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: 4/3/2020 2:36:02 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files