

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:

402386654

Date Received:

04/30/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 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

rcowden@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692401593

Inspection Date: 11/15/2019

FIR Submit Date: 11/22/2019

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: 311622

Location Name: SAVAGE FEDERAL-67S94W Number: 10NWSE County: _____

Qtrqr: NWSE Sec: 10 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.452667 Longitude: -107.871100

FACILITY - API Number: 05-045- -00 Facility ID: 311622

Facility Name: SAVAGE FEDERAL-67S94W Number: 10NWSE

Qtrqr: NWSE Sec: 10 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.452667 Longitude: -107.871100

CORRECTIVE ACTIONS:

1 CA# 134837

Corrective Action: Control Noxious weeds, continuing weed control program in Spring 2020.

Date: 05/15/2020

Response: CA COMPLETED

Date of Completion: 04/30/2020

Operator
Comment:

Weed contractor has been directed to treat any noxious weeds throughout the season.

COGCC Decision: _____

COGCC Representative:			
2	CA# 134838		
Corrective Action:	Install or repair required BMPs per Rule 1002.f when weather/ ground conditions permit.	Date: <u>04/01/2020</u>	
Response:	CA COMPLETED	Date of Completion: <u>04/01/2020</u>	
Operator Comment:	Stormwater BMPs have been repaired.		
COGCC Decision:			
COGCC Representative:			

OPERATOR COMMENT AND SUBMITTAL	
Comment:	
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Romana Cowden</u> Signed: _____</p> <p>Title: <u>EHS</u> Date: <u>4/30/2020 3:36:33 PM</u></p>	

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>

Total Attach: 0 Files