

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:  
402411151

Date Received:  
06/02/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

0 CA Completed  
1 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

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699801190

Inspection Date: 06/01/2020

FIR Submit Date: 06/01/2020

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: 334142

Location Name: ORCHARD UNIT Number: 15-12H2 County: \_\_\_\_\_  
(D14OU)

Qtrqtr: NWN Sec: 14 Twp: 8S Range: 96W Meridian: 6  
W

Latitude: 39.355730 Longitude: -108.084480

FACILITY - API Number: 05-077- -00 Facility ID: 334142

Facility Name: ORCHARD UNIT Number: 15-12H2  
(D14OU)

Qtrqtr: NWN Sec: 14 Twp: 8S Range: 96W Meridian: 6  
W

Latitude: 39.355730 Longitude: -108.084480

CORRECTIVE ACTIONS:

1 CA# 139445

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with name of operator. Properly label tank.

Date: 05/30/2020

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Caerus contacted Summit Services to let them know they needed to add a sign. They responded that they

Operator  
Comment: ordered it and are waiting for it to arrive.

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: 6/2/2020 12:41:40 PM

**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>
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Total Attach: 0 Files