

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:
402415166

Date Received:
06/08/2020

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

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699801140

Inspection Date: 05/20/2020

FIR Submit Date: 05/20/2020

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: 334361

Location Name: PERRYMAN-68S92W Number: 10SWSW County: _____

Qtrqr: SWS Sec: 10 Twp: 8S Range: 92W Meridian: 6
W

Latitude: 39.369692 Longitude: -107.661252

FACILITY - API Number: 05-045- -00 Facility ID: 334361

Facility Name: PERRYMAN-68S92W Number: 10SWSW

Qtrqr: SWS Sec: 10 Twp: 8S Range: 92W Meridian: 6
W

Latitude: 39.369692 Longitude: -107.661252

CORRECTIVE ACTIONS:

1 CA# 139219

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with name of operator, operator's emergency contact telephone number and tank capacity. Properly label tank.

Date: 08/20/2020

Response: CA COMPLETED

Date of Completion: 06/03/2020

Operator
Comment: Label was added

COGCC Decision: _____

COGCC
Representative:

2 CA# 139220

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

Date: 06/03/2020

Response: CA COMPLETED

Date of Completion: 06/03/2020

Operator
Comment:

Trash 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: 6/8/2020 8:34:08 AM

ATTACHMENT LIST

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

Document Number **Description**

402415168	Label was added to methanol tank
402415169	Trash was removed

Total Attach: 2 Files