

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:  
402415290

Date Received:  
06/08/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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>cogcc.inspections@caerusoilandgas.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 699800683

Inspection Date: 03/03/2020

FIR Submit Date: 03/03/2020

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: 323897

Location Name: DRY FORK FEDERAL-68S98W Number: 11SESW County: \_\_\_\_\_

Qtrqtr: SESW Sec: 11 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.369119 Longitude: -108.300521

FACILITY - API Number: 05-045-00 Facility ID: 323897

Facility Name: DRY FORK FEDERAL-68S98W Number: 11SESW

Qtrqtr: SESW Sec: 11 Twp: 8S Range: 98W Meridian: 6

Latitude: 39.369119 Longitude: -108.300521

CORRECTIVE ACTIONS:

1 CA# 136873

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

Date: 04/03/2020

Response: CA COMPLETED

Date of Completion: 04/03/2020

Operator Comment: Removed from location

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 9:56:08 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

| <b><u>Document Number</u></b> | <b><u>Description</u></b> |
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|                               |                           |

Total Attach: 0 Files