

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

402501491

Date Received:

10/01/2020

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: 692401430

Inspection Date: 09/26/2019

FIR Submit Date: 10/12/2019

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: 391243

Location Name: ZAHM-610S96W Number: 29SENE County: MESA

Qtrqr: SENE Sec: 29 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.162083 Longitude: -108.123304

FACILITY - API Number: 05-077-00 Facility ID: 221941

Facility Name: ZAHM Number: 29-3

Qtrqr: SENE Sec: 29 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.162083 Longitude: -108.123304

CORRECTIVE ACTION:

1 CA# 131638

Corrective Action: Assess vegetation & site conditions in Fall 2019. Apply remedies /conduct reclamation activities needed, AS indicated by assessment, to ensure the uniform establishment across the site of desirable vegetation. Any Reclamation Activities indicated to be complete by June 1, 2020.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 07/14/2020

Operator Comment: Weeds were treated. Monitoring has shown reclaim area veg is in line with surrounding cover. Additional seeding is not practical due to established prairie dog colony. In the process of getting a landowner waiver signed and 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: 10/1/2020 10:57:54 AM

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