

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:  
402517126

Date Received:  
10/22/2020

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: 692401548

Inspection Date: 10/16/2019

FIR Submit Date: 10/31/2019

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: 312584

Location Name: SHEAR-69S95W Number: 30NWNW County: MESA

Qtrqr: NWN Sec: 30 Twp: 9S Range: 95W Meridian: 6  
W

Latitude: 39.251040 Longitude: -108.041430

FACILITY - API Number: 05-077-00 Facility ID: 221965

Facility Name: SHEAR Number: 30-4

Qtrqr: NWN Sec: 30 Twp: 9S Range: 95W Meridian: 6  
W

Latitude: 39.251040 Longitude: -108.041430

CORRECTIVE ACTIONS:

1  CA# 133146

Corrective Action: Assess vegetation and site conditions; re-seeding, applying remedies as indicated by assessment, to ensure the uniform establishment across the site of desirable vegetation. Reclamation Activities to be complete by June 15, 2020.

Date: 06/15/2020

Response: CA COMPLETED Date of Completion: 10/01/2020

Operator Comment: Weeds were treated, including a fall cheatgrass treatment. 3rd party vegetation assessment has shown we are in compliance based on surrounding vegetation.

COGCC Decision: Approved pending re-inspection

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: 10/22/2020 2:58:30 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402517126	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files