

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402591677

Date Received:
02/04/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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

Romana Cowden

720-951-5895

cogcc.inspections@careusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696201148

Inspection Date: 04/06/2020

FIR Submit Date: 04/07/2020

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: 335922

Location Name: 596-35D-65S96W Number: 35SESE County: _____

Qtrqr: SESE Sec: 35 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.567860 Longitude: -108.131480

FACILITY - API Number: 05-045- -00 Facility ID: 335922

Facility Name: 596-35D-65S96W Number: 35SESE

Qtrqr: SESE Sec: 35 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.567860 Longitude: -108.131480

CORRECTIVE ACTIONS:

3 CA# 137782

Corrective Action:

Comply with 1003 interim reclamation rules including, but not limited to, compaction alleviation, replacement of segregated soil horizons, recontouring/regrading, and revegetation activities. Use a seed mixture requested by the surface owner, or a mixture prescribed by the local soil conservation district. Ensure erosion controls are implemented to stabilize the seeded soil per 1002.f, and continue to monitor and manage interim areas until Final Reclamation has passed. Revegetation activities shall be completed no later than 6/1/2020.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 02/04/2021

Location was reclaimed.

Operator
Comment:

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: 2/4/2021 12:35:36 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