

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:
402617509

Date Received:
03/04/2021

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

Romana Cowden

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696202409

Inspection Date: 03/01/2021

FIR Submit Date: 03/03/2021

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: 335766

Location Name: CHEVRON-66S96W Number: 4SWSW County: _____

Qtrqr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6
W

Latitude: 39.548500 Longitude: -108.120330

FACILITY - API Number: 05-045- -00 Facility ID: 335766

Facility Name: CHEVRON-66S96W Number: 4SWSW

Qtrqr: SWS Sec: 4 Twp: 6S Range: 96W Meridian: 6
W

Latitude: 39.548500 Longitude: -108.120330

CORRECTIVE ACTIONS:

1 CA# 147062

Corrective Action: Comply with Rule 1002.f and implement required stormwater and erosion control measures. Ensure BMPs are adequate for the site's conditions, are installed in accordance with good engineering practices and maintained in proper functioning condition.

Date: 03/18/2021

Response: CA COMPLETED

Date of Completion: 03/04/2021

Operator Comment: Photos show tire marks/very minor ruts on road. Best management practices for stormwater tracking controls document is attached. Need for maintenance will be assessed when conditions dry out per the plan.

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: 3/4/2021 10:26:34 AM

ATTACHMENT LIST

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

Document Number **Description**

402617517	BMPs for Sediment Tracking Document
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Total Attach: 1 Files