

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:
402631507

Date Received:
03/17/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 699802671

Inspection Date: 02/26/2021

FIR Submit Date: 02/26/2021

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: 334094

Location Name: TIPPING-67S96W Number: 34NWNW County: _____

Qtrqr: NWN Sec: 34 Twp: 7S Range: 96W Meridian: 6
W

Latitude: 39.400810 Longitude: -108.100690

FACILITY - API Number: 05-045-00 Facility ID: 334094

Facility Name: TIPPING-67S96W Number: 34NWNW

Qtrqr: NWN Sec: 34 Twp: 7S Range: 96W Meridian: 6
W

Latitude: 39.400810 Longitude: -108.100690

CORRECTIVE ACTIONS:

1 CA# 146947

Corrective Action: Operators will prevent and minimize adverse impacts to wildlife resources.

Date: 03/26/2021

Response: CA COMPLETED

Date of Completion: 03/08/2021

Operator Comment: Flowlines were capped and sealed.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 146948

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations.

Date: 03/13/2021

Response: CA COMPLETED

Date of Completion: 03/08/2021

Operator
Comment: Surfaces were graded.

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: 3/17/2021 1:43:05 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>
402631507	FIR RESOLUTION SUBMITTED
402631522	Ruts were graded

Total Attach: 2 Files