

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:

402784175

Date Received:

08/18/2021

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

Cat Anderson

3035654600

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699803389

Inspection Date: 07/12/2021

FIR Submit Date: 07/13/2021

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: 324394

Location Name: P6-22-1 Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqr: SENW Sec: 1 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.474640 Longitude: -108.169610

FACILITY - API Number: 05-045- -00 Facility ID: 324394

Facility Name: P6-22-1 Number: \_\_\_\_\_

Qtrqr: SENW Sec: 1 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.474640 Longitude: -108.169610

CORRECTIVE ACTIONS:

1 CA# 152694

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

Date: 07/26/2021

Response: CA COMPLETED

Date of Completion: 07/21/2021

Operator Comment: Flowline heating insulation has been closed off

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 152695

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

Date: 07/27/2021

Response: CA COMPLETED

Date of Completion: 07/21/2021

Operator  
Comment: Graded pad surface and access road.

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: Cat Anderson

Signed:

Title: EHS

Date: 8/18/2021 9:20:33 AM

#### 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