

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:
402832103

Date Received:
10/05/2021

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: 696201655

Inspection Date: 08/24/2020

FIR Submit Date: 08/25/2020

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: 334416

Location Name: Keinath Federal Number: 17-11H (C16OU) County: _____

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355313 Longitude: -108.114492

FACILITY - API Number: 05-077-00 Facility ID: 334416

Facility Name: Keinath Federal Number: 17-11H (C16OU)

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355313 Longitude: -108.114492

CORRECTIVE ACTIONS:

1 CA# 141467

Corrective Action: Comply with Rule 1003.e.(2) and conduct additional reclamation. Comply with Rule 1003.f to mitigate Cheatgrass establishment and spread off Location.

Date: 11/15/2020

Response: CA COMPLETED

Date of Completion: 10/15/2020

Operator Comment: Cheatgrass was treated in 2020. I'm also having it treated again fall 2021.

COGCC Decision: **Not Approved**

COGCC Representative: Corrective action required Operator to comply with 1003 rules including conducting additional reclamation work. Operator has provided no documentation indicating corrective action has been addressed in its entirety.

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: 10/5/2021 2:46:22 PM

ATTACHMENT LIST

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

Document Number	Description
402832103	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files