

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:
402822862

Date Received:
09/27/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 5 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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696203142

Inspection Date: 09/03/2021

FIR Submit Date: 09/08/2021

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: 458475

Location Name: ELU Number: A24-496 County: _____
Pad

Qtrqtr: Lot 4 Sec: 24 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.694314 Longitude: -108.125933

FACILITY - API Number: 05-045- -00 Facility ID: 458475

Facility Name: ELU Number: A24-496
Pad

Qtrqtr: Lot 4 Sec: 24 Twp: 4S Range: 96W Meridian: 6

Latitude: 39.694314 Longitude: -108.125933

CORRECTIVE ACTIONS:

3 CA# 155604

Corrective Action: Install sign to comply with Rule 605.e.

Date: 10/08/2021

Response: CA COMPLETED

Date of Completion: 09/27/2021

Operator Comment: This is not a production tank battery, these tanks are blow-down tanks only; tank battery sign is not required.

COGCC Decision: **Not Approved**

COGCC
Representative:

Unable to approve resolution as a FIRR "CA Complete" is not the appropriate forum to address alleged factual errors.

After internal review, the 605 requirements to identify wells the tanks go to is not required in this situation, however, the labelling requirements will remain applicable.

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: 9/27/2021 8:36:50 AM

ATTACHMENT LIST

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

Document Number **Description**

402822862	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files