

# State of Colorado Oil and Gas Conservation Commission

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Document Number:  
403049666

Date Received:  
05/16/2022

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 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: 700704051

Inspection Date: 04/04/2022

FIR Submit Date: 04/05/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: XTO ENERGY INC

Company Number: 100264

Address: 110 W 7TH STREET

City: FORT WORTH State: TX Zip: 76102

### LOCATION - Location ID: 316475

Location Name: YELLOW CREEK FEDERAL-61N98W Number: 28SWSW County: \_\_\_\_\_

Qtrqtr: SWS Sec: 28 Twp: 1N Range: 98W Meridian: 6  
W

Latitude: 40.021010 Longitude: -108.403480

### FACILITY - API Number: 05-103-00 Facility ID: 316475

Facility Name: YELLOW CREEK FEDERAL-61N98W Number: 28SWSW

Qtrqtr: SWS Sec: 28 Twp: 1N Range: 98W Meridian: 6  
W

Latitude: 40.021010 Longitude: -108.403480

### CORRECTIVE ACTIONS:

**2** CA# 160696

Corrective Action: Remove debris

Date: 04/15/2022

Response: CA COMPLETED

Date of Completion: 04/15/2022

Operator Comment: All debris have been removed.

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

COGCC Representative: \_\_\_\_\_

**3** CA# 160697

Corrective Action: Remove unused equipment

Date: 05/13/2022

Response: CA COMPLETED

Date of Completion: 04/20/2022

Operator Comment: Removed.

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

COGCC Representative: \_\_\_\_\_

**4** CA# 160698

Corrective Action: Install or repair required BMPs

Date: 05/13/2022

Response: CA COMPLETED

Date of Completion: 04/28/2022

Operator Comment: Repaired.

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: 5/16/2022 6:25:24 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>

Total Attach: 0 Files