

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:
403224009

Date Received:
11/09/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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: 702800414

Inspection Date: 07/01/2022

FIR Submit Date: 07/07/2022

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: 423182

Location Name: Benzel Number: 26-6H (F25NWB) County: _____

Qtrqtr: SENW Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.500713 Longitude: -107.725553

FACILITY - API Number: 05-045-00 Facility ID: 423182

Facility Name: Benzel Number: 26-6H (F25NWB)

Qtrqtr: SENW Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.500713 Longitude: -107.725553

CORRECTIVE ACTIONS:

2 CA# 163155

Corrective Action: Reduce areas no longer needed for production by 11/15/2022. If areas are reasonably needed for production activities, provide documentation in a factual review that outlines why areas outside a 100 foot radius of the well are necessary for production per rule 1003.b.

Date: 11/15/2022

Response: CA COMPLETED

Date of Completion: 11/09/2022

Operator Comment: The area not reclaimed is in use for operations. Shallow flowline is present in this area. Weeds were previously treated/removed. See attached photo.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 11/9/2022 12:25:52 PM

ATTACHMENT LIST

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

Document Number **Description**

403224013	Shallow Flowline on Location
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Total Attach: 1 Files