

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:

403278481

Date Received:

01/03/2023

FIR RESOLUTION FORM

Overall Status:

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
Romana Cowden	720-951-5895	COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702800965

Inspection Date: 11/23/2022

FIR Submit Date: 11/30/2022

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: 335007

Location Name: SAVAGE-67S94W Number: 5NWSW County: _____

Qtrqr: NWS Sec: 5 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.464983 Longitude: -107.915134

FACILITY - API Number: 05-045-00 Facility ID: 335007

Facility Name: SAVAGE-67S94W Number: 5NWSW

Qtrqr: NWS Sec: 5 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.464983 Longitude: -107.915134

CORRECTIVE ACTIONS:

1 CA# 166324

Corrective Action: Eliminate possibility of wildlife/personnel to enter open holes/trenches.

Date: 12/02/2022

Response: CA COMPLETED

Date of Completion: 12/02/2022

Operator Comment: Repaired.

COGCC Decision: _____

COGCC
Representative:

2 CA# 166325

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 12/30/2022

Response: CA COMPLETED

Date of Completion: 12/19/2022

Operator Comment: Graded pad surface and access roads. Also installed rock vehicle tracking control at pad entrance.

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: 1/3/2023 3:52:02 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files