

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
403309242

Date Received:
02/01/2023

FIR RESOLUTION FORM

Overall Status:

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: 701103671
Inspection Date: 01/09/2023 FIR Submit Date: 01/11/2023 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: 335807

Location Name: N.PARACHUTE-65S95W Number: 30NESE County: _____
Qtrqtr: nese Sec: 30 Twp: 5s Range: 95w Meridian: 6
Latitude: 39.582140 Longitude: -108.091606

FACILITY - API Number: 05-045-00 Facility ID: 483036

Facility Name: I30A EF01C-31 Flow Line Number: _____
Qtrqtr: nese Sec: 30 Twp: 5s Range: 95w Meridian: 6
Latitude: 39.582140 Longitude: -108.091606

CORRECTIVE ACTIONS:

1 CA# 167037

Corrective Action: Document information outlined below on the CA section of COGCC supplemental form 19 spill report to include the following (compliance of COGCC series 1100 flowline rules):

- 1) Outline root cause of failure resulting in spill (1104.k. Integrity Failure Investigation/Operator Determination)
- 2) Measures taken to prevent a recurrence of failure (1102.I Corrosion Control/ 1104.Integrity Management)
- 3) Description of flowline repair work completed (1102.j. Repair)
- 4) Confirm integrity of flowline repairs/ reconnections (via pressure testing) prior to returning flowline to service (1102.j.4 and 1102.O)

Date: 01/20/2023

Response: CA COMPLETED

Date of Completion: 01/19/2023

Operator
Comment:

Form 19 with required information was submitted.

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: 2/1/2023 1:23:21 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files