

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:
403374792

Date Received:
04/17/2023

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

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

0 CA Completed
1 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: 707800284

Inspection Date: 04/11/2023

FIR Submit Date: 04/13/2023

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: 316303

Location Name: PICEANCE CORREA UNIT-62S96W Number: 8NWNW County: _____

Qtrqtr: NWN Sec: 8 Twp: 2S Range: 96W Meridian: 6
W

Latitude: 39.896882 Longitude: -108.198123

FACILITY - API Number: 05-103-00 Facility ID: 316303

Facility Name: PICEANCE CORREA UNIT-62S96W Number: 8NWNW

Qtrqtr: NWN Sec: 8 Twp: 2S Range: 96W Meridian: 6
W

Latitude: 39.896882 Longitude: -108.198123

CORRECTIVE ACTIONS:

1 CA# 169505

Corrective Action: Provide proper labeling

Date: 04/28/2023

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Heater is in use intermittently on location. It is still needed regularly, but will not be in use constantly. This is not unused equipment.

Operator _____
Comment: _____

COGCC Decision: **Not Approved**

COGCC Representative: _____

COGCC Supervisor: No label is required for un used equipment.

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: 4/17/2023 5:57:51 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>
403374792	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files