

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:
403380904

Date Received:
04/21/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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: 696204837

Inspection Date: 04/05/2023

FIR Submit Date: 04/06/2023

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: 334732

Location Name: ENCANA-67S95W Number: 21NWNW County: _____

Qtrqr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

FACILITY - API Number: 05-045- -00 Facility ID: 334732

Facility Name: ENCANA-67S95W Number: 21NWNW

Qtrqr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

CORRECTIVE ACTIONS:

1 CA# 169115

Corrective Action: Install or repair BMP to ensure containment remains sufficiently impervious to contain a spill.

Date: 05/06/2023

Response: CA COMPLETED

Date of Completion: 04/18/2023

Operator Comment: Repaired.

COGCC Decision: _____

COGCC
Representative:

3 CA# 169117

Corrective Action: Containers that are used to store, treat, or otherwise handle a hazardous material and are required to be marked, placarded, or labeled

Date: 05/06/2023

Response: CA COMPLETED

Date of Completion: 04/10/2023

Operator
Comment:

Label was installed.

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: 4/21/2023 2:53:07 PM

ATTACHMENT LIST

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

Document Number **Description**

403380916	Liner was repaired.
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Total Attach: 1 Files