

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:  
403432332

Date Received:  
06/13/2023

FIR RESOLUTION FORM

Overall Status: CAC

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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 708900665

Inspection Date: 06/02/2023

FIR Submit Date: 06/04/2023

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: 334839

Location Name: COUEY-67S92W Number: 8NWNW County: GARFIELD

Qtrqr: NWN Sec: 8 Twp: 7S Range: 92W Meridian: 6  
W

Latitude: 39.466530 Longitude: -107.697010

FACILITY - API Number: 05-045-00 Facility ID: 211374

Facility Name: COUEY Number: 8-4 (D8E)

Qtrqr: NWN Sec: 8 Twp: 7S Range: 92W Meridian: 6  
W

Latitude: 39.466530 Longitude: -107.697010

CORRECTIVE ACTIONS:

1  CA# 171988

Corrective Action: Eliminate the possibility of wildlife, livestock and personnel from stepping in the hole.

Date: 06/11/2023

Operators are responsible for ensuring that operations are conducted with due regard for the safety of employees, for the preservation and conservation of property, and for protecting and minimizing adverse impacts to public health, safety, welfare, the environment, and wildlife resources.

Response: CA COMPLETED

Date of Completion: 06/11/2023

Repaired.

Operator  
Comment:

COGCC Decision: Approved pending re-inspection

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: 6/13/2023 2:47:47 PM

### ATTACHMENT LIST

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

**Document Number**      **Description**

403432332	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files