

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:

403459372

Date Received:

07/11/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 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

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708900905

Inspection Date: 06/30/2023

FIR Submit Date: 07/05/2023

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: 323955

Location Name: DUNN-67S92W Number: 4NWSW County: GARFIELD

Qtrqr: NWS Sec: 4 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.473210 Longitude: -107.678380

FACILITY - API Number: 05-045- -00 Facility ID: 211351

Facility Name: DUNN Number: 4-12 (L4E)

Qtrqr: NWS Sec: 4 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.473210 Longitude: -107.678380

CORRECTIVE ACTIONS:

1 CA# 174605

Corrective Action: All guy line anchors left buried for future use will be identified by a marker of bright color not less than 4 feet in height and not greater than 1 foot east of the guy line anchor.

Date: 07/19/2023

Response: CA COMPLETED

Date of Completion: 07/10/2023

Operator
Comment: Marked.

COGCC Decision: _____

COGCC
Representative:

2 CA# 174606

Corrective Action:

Date: 07/15/2023

Response: CA COMPLETED

Date of Completion: 07/10/2023

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 174607

Corrective Action:

Date: 07/12/2023

Response: CA COMPLETED

Date of Completion: 07/10/2023

Operator
Comment:

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: 7/11/2023 6:46:20 AM

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