

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:

403462683

Date Received:

07/13/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 5 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

Romana Cowden

Phone

(970) 285-2600

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702501462

Inspection Date: 06/15/2023

FIR Submit Date: 06/16/2023

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: 336043

Location Name: Freedom Unit Number: 197-28A County: \_\_\_\_\_

Qtrqr: NWS Sec: 28 Twp: 1S Range: 97W Meridian: 6  
W

Latitude: 39.934449 Longitude: -108.295900

FACILITY - API Number: 05-103- -00 Facility ID: 336043

Facility Name: Freedom Unit Number: 197-28A

Qtrqr: NWS Sec: 28 Twp: 1S Range: 97W Meridian: 6  
W

Latitude: 39.934449 Longitude: -108.295900

CORRECTIVE ACTIONS:

4 CA# 173112

Corrective Action:

When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 08/15/2023

Response: CA COMPLETED

Date of Completion: 07/11/2023

Operator Comment: Sign 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: 7/13/2023 6:58:19 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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Total Attach: 0 Files