

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:

401816907

Date Received:

10/30/2018

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

Lindsey Rider

970-285-2711

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200002

Inspection Date: 08/21/2018

FIR Submit Date: 08/23/2018

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: 413476

Location Name: Savage Number: 8A-794 County: GARFIELD

Qtrqtr: NENE Sec: 8 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.458326 Longitude: -107.906218

FACILITY - API Number: 05-045- -00 Facility ID: 412724

Facility Name: Savage Number: 41D-8

Qtrqtr: NENE Sec: 8 Twp: 7S Range: 94W Meridian: 6

Latitude: 39.458326 Longitude: -107.906218

CORRECTIVE ACTIONS:

1 ☒ CA# 118288

Corrective Action: : Email information outlined below to COGCC Inspector and update supplemental form 19 to include the following: *measures taken to prevent the problem from reoccurring

Date: 09/21/2018

1104.c. Integrity Management for Below-ground Dump Lines. An operator must verify integrity of below-ground dump lines by performing an annual static-head test and a monthly audio, visual, olfactory (AVO) detection survey of the entire line.

Response: CA COMPLETED

Date of Completion: 10/08/2018

A Form 19 was submitted (COGCC Document ID 401781887).

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative: Verified

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: Lindsey Rider

Signed: _____

Title: EHS Lead

Date: 10/30/2018 2:29:06 PM

ATTACHMENT LIST

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

Document Number **Description**

401816907	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files