

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:

402420797

Date Received:

06/12/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 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: 700401706

Inspection Date: 05/28/2020

FIR Submit Date: 05/29/2020

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: 335785

Location Name: FIGURE FOUR UNIT-64S98W Number: 11SWSW County: RIO BLANCO

Qtrqtr: SWS Sec: 11 Twp: 4S Range: 98W Meridian: 6
W

Latitude: 39.710817 Longitude: -108.365697

FACILITY - API Number: 05-103- -00 Facility ID: 265941

Facility Name: FIGURE FOUR UNIT Number: 8013A(M11-498)

Qtrqtr: SWS Sec: 11 Twp: 4S Range: 98W Meridian: 6
W

Latitude: 39.710817 Longitude: -108.365697

CORRECTIVE ACTIONS:

1 CA# 139383

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 06/29/2020

Response: CA COMPLETED

Date of Completion: 06/01/2020

Operator Comment: Equipment was maintained.

COGCC Decision: _____

COGCC
Representative:

2 CA# 139384

Corrective Action: Install sign to comply with Rule 210.d.

Date: 05/21/2020

Response: CA COMPLETED

Date of Completion: 06/01/2020

Operator
Comment:

Label was replaced.

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: 6/12/2020 12:55:23 PM

ATTACHMENT LIST

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

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