

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403597840

Date Received:
11/16/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702800962

Inspection Date: 11/23/2022

FIR Submit Date: 12/05/2022

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: 414880

Location Name: 20F Number: Pad County: _____

Qtrqr: SWN Sec: 20 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.425447 Longitude: -107.915472

FACILITY - API Number: 05-045-00 Facility ID: 414880

Facility Name: 20F Number: Pad

Qtrqr: SWN Sec: 20 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.425447 Longitude: -107.915472

CORRECTIVE ACTIONS:

1 CA# 166389

Corrective Action: Comply with Rule 1004.a; remove all riser equipment at the northwest of the location. Properly abandon flowline segment between closed Location 414880 and active Locations to the north.

Date: 05/23/2023

Response: CA COMPLETED

Date of Completion: 11/13/2023

Operator Comment: Pipeline risers were abandoned and associated disturbance was reclaimed. The SOVR was submitted for the road entrance, culvert, and rock armored swale. SOVR was submitted. Docket # 230900309 was assigned and the hearing is scheduled for 1/10/2024. The historical ranch road was reclaimed.

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: 11/16/2023 9:38:41 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