

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402281141

Date Received:
01/09/2020

FIR RESOLUTION FORM

Overall Status: CAC

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	Phone	Email
<u>Romana Cowden</u>	<u>970-285-2771</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200484

Inspection Date: 12/28/2019

FIR Submit Date: 01/03/2020

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: 334416

Location Name: Keinath Federal Number: 17-11H County: _____
(C16OU)

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355417 Longitude: -108.114461

FACILITY - API Number: 05-077-00 Facility ID: 469290

Facility Name: C16OU Flowline Release Number: _____

Qtrqtr: NENW Sec: 16 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.355417 Longitude: -108.114461

CORRECTIVE ACTIONS:

1 CA# 135689

Corrective Action: Provide flowline annual pressure test data results for previous year . Via FIRR and email to Western Integrity inspector

Contact Western Integrity inspector to witness pressure test before returning into service

Date: 01/17/2020

Response: CA COMPLETED

Date of Completion: 01/09/2019

2018 Pressure test data provided to Richard and attached to this form. Repairs to the line are currently in

Operator Comment: progress, and are expected to take longer than the due date of 1/17/2020. Richard has been informed of this, and will be notified once follow-up pressure test is scheduled.

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: 1/9/2020 10:56:45 AM

ATTACHMENT LIST

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

Document Number **Description**

402281154	C16OU Pressure Test Data 2018
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Total Attach: 1 Files