

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:
402433953

Date Received:
06/29/2020

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: 699801224

Inspection Date: 06/04/2020

FIR Submit Date: 06/04/2020

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: 312364

Location Name: DIVIDE CREEK UNIT-68S91W Number: 36SWNW County: _____

Qtrqr: SWN Sec: 36 Twp: 8S Range: 91W Meridian: 6
W

Latitude: 39.318194 Longitude: -107.511127

FACILITY - API Number: 05-077- -00 Facility ID: 312364

Facility Name: DIVIDE CREEK UNIT-68S91W Number: 36SWNW

Qtrqr: SWN Sec: 36 Twp: 8S Range: 91W Meridian: 6
W

Latitude: 39.318194 Longitude: -107.511127

CORRECTIVE ACTIONS:

1 CA# 139518

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with name of operator, operator's emergency contact telephone number and tank capacity. Properly label tank

Date: 09/04/2020

Response: CA COMPLETED

Date of Completion: 06/18/2020

Operator
Comment:

Labels were added.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 139519

Corrective Action: All guy line anchors left buried for future use shall be identified by a marker of bright color not less than four (4) feet in height. Properly mark deadman.

Date: 06/18/2020

Response: CA COMPLETED

Date of Completion: 06/18/2020

Operator
Comment: Anchors were removed.

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: 6/29/2020 4:47:00 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>
402433956	Labels were added.
402433957	Anchors removed.
402433958	Anchors removed.
402433959	Anchors removed.

Total Attach: 4 Files