

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:
401428191
Date Received:
10/12/2017

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
<u>Lindsey Rider</u>	<u>970-285-2711</u>	<u>lrider@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 666803809

Inspection Date: 10/05/2017

FIR Submit Date: 10/06/2017

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: 323850

Location Name: GRASS MESA RANCH-66S93W Number: 33NENE County: GARFIELD

Qtrqtr: NENE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.488215 Longitude: -107.773915

FACILITY - API Number: 05-045-00 Facility ID: 210975

Facility Name: GRASS MESA RANCH Number: 33-1

Qtrqtr: NENE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.488215 Longitude: -107.773915

CORRECTIVE ACTIONS:

1 CA# 104486

Corrective Action: For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser

Date: 10/10/2017

Response: CA COMPLETED

Date of Completion: 10/10/2017

Operator Comment: The flowline was marked out of service. The flowline will ultimately be removed in the next week or two.

COGCC Decision: _____

COGCC
Representative:

2 CA# 104487

Corrective Action: Post correct emergency contact number

Date: 10/16/2017

Response: CA COMPLETED

Date of Completion: 10/10/2017

Operator Comment: Correct emergency contact number was

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: Lindsey Rider

Signed:

Title: EHS Lead

Date: 10/12/2017 3:44:55 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>
401428204	Sign - Contact info
401428205	Marked Flowline
401428206	Marked Flowline

Total Attach: 3 Files