

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:

401640111

Date Received:

05/15/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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

Lindsey Rider

970-285-2711

lrider@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689701269

Inspection Date: 04/10/2018

FIR Submit Date: 04/10/2018

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: 334095

Location Name: S PARACHUTE TBI-67S96W Number: 36SWNE County: _____

Qtrqr: SWNE Sec: 36 Twp: 7S Range: 96W Meridian: 6

Latitude: 39.396470 Longitude: -108.055650

FACILITY - API Number: 05-045- -00 Facility ID: 334095

Facility Name: S PARACHUTE TBI-67S96W Number: 36SWNE

Qtrqr: SWNE Sec: 36 Twp: 7S Range: 96W Meridian: 6

Latitude: 39.396470 Longitude: -108.055650

CORRECTIVE ACTIONS:

1 CA# 115847

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

Date: 06/18/2018

Response: CA COMPLETED

Date of Completion: 05/10/2018

Operator
Comment: Sign corrected

COGCC Decision: _____

COGCC
Representative:

2 CA# 115848

Corrective Action: Comply with Rule 603.f .

Date: 05/18/2018

Response: CA COMPLETED

Date of Completion: 05/10/2018

Operator
Comment: Unused equipment removed

COGCC Decision:

COGCC
Representative:

3 CA# 115849

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

Date: 06/18/2018

Response: CA COMPLETED

Date of Completion: 05/10/2018

Operator
Comment: Sign corrected.

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: 5/15/2018 9:45:17 AM

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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401640113	Photo
401640114	Photo

Total Attach: 2 Files