

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:  
401614210  
Date Received:  
04/19/2018

## FIR RESOLUTION FORM

### 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
Lindsey Rider	970-285-2711	lrider@caerusoilandgas.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 689300720  
Inspection Date: 03/28/2018 FIR Submit Date: 03/28/2018 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: 334742

Location Name: MILLER-67S93W Number: 14NWNE County: GARFIELD  
Qtrqr: NWNE Sec: 14 Twp: 7S Range: 93W Meridian: 6  
Latitude: 39.449760 Longitude: -107.741200

### FACILITY - API Number: 05-045-00 Facility ID: 273453

Facility Name: CEDAR SPRINGS RANCH Number: 11-14D (B14W)  
Qtrqr: NWNE Sec: 14 Twp: 7S Range: 93W Meridian: 6  
Latitude: 39.449760 Longitude: -107.741200

### CORRECTIVE ACTIONS:

1 ☒ CA# 115441

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

Date: 05/28/2018

Response: CA COMPLETED

Date of Completion: 04/19/2018

Operator Comment: Sign will be installed by due date.

COGCC Decision: Approved

COGCC  
Representative:

2 ☒ CA# 115442

Corrective Action: A Sundry Notice, Form 4, shall be submitted annually stating the method the well is closed to the atmosphere and plans for future operation.

Date: 04/25/2018

Response: CA COMPLETED

Date of Completion: 04/17/2018

Operator  
Comment: Form 4 submitted.

COGCC Decision: Approved

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: 4/19/2018 12:09:29 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401614210	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files