

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:

401673778

Date Received:

06/14/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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

Lindsey Rider

970-285-2711

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301083

Inspection Date: 05/09/2018

FIR Submit Date: 05/09/2018

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: 421020

Location Name: Shaeffer Number: 24-5H County: GARFIELD
(J12W)

Qtrqtr: NWSE Sec: 12 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.458436 Longitude: -107.722613

FACILITY - API Number: 05-045- -00 Facility ID: 421166

Facility Name: BENZEL Number: 6-11H
(J12W)

Qtrqtr: NWSE Sec: 12 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.458436 Longitude: -107.722613

CORRECTIVE ACTIONS:

3 CA# 116291

Corrective Action:

Install or repair required BMPs per Rule 1002.f.

Date: 06/09/2018

Response: CA COMPLETED

Date of Completion: 06/08/2018

Operator
Comment:

BMPs repaired.

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: 6/14/2018 12:37:13 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files