

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:  
401658335  
Date Received:  
05/31/2018

## FIR RESOLUTION FORM

### 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 | lrider@caerusoilandgas.com |

### COGCC INSPECTION SUMMARY:

FIR Document Number: 680102524  
Inspection Date: 12/20/2017 FIR Submit Date: 01/02/2018 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: 423633

Location Name: KM Number: C08 799 County: \_\_\_\_\_  
Qtrqtr: NENW Sec: 8 Twp: 7S Range: 99W Meridian: 6  
Latitude: 39.465672 Longitude: -108.466519

### FACILITY - API Number: 05-045-00 Facility ID: 423633

Facility Name: KM Number: C08 799  
Qtrqtr: NENW Sec: 8 Twp: 7S Range: 99W Meridian: 6  
Latitude: 39.465672 Longitude: -108.466519

### CORRECTIVE ACTIONS:

2 ☒ CA# 113663

Corrective Action: Reclaim Location for Interim Reclamation per COGCC 1003 Series Rules; installing Reclamation in areas no longer needed for Use, Production, Drilling or Subsequent Operations. Reclamation Activities should be complete by 6/1/2018.

Date: 06/01/2018

Response: CA COMPLETED Date of Completion: 05/30/2018

Operator Comment: Reclamation Complete

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 5/31/2018 11:03:04 AM

**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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|-----------|--------------------------|
| 401658335 | FIR RESOLUTION SUBMITTED |
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Total Attach: 1 Files