

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401710399

Date Received:

07/23/2018

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

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301321

Inspection Date: 06/18/2018

FIR Submit Date: 06/18/2018

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: 335104

Location Name: BENZEL-66S93W Number: 25SENW County: GARFIELD

Qtrqr: SENW Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.499583 Longitude: -107.727720

FACILITY - API Number: 05-045-00 Facility ID: 281025

Facility Name: BENZEL Number: 25-6C (F25NW)

Qtrqr: SENW Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.499583 Longitude: -107.727720

CORRECTIVE ACTIONS:

1 CA# 116827

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 07/18/2018

Response: CA COMPLETED

Date of Completion: 07/18/2018

Operator Comment: Liner Repaired

COGCC Decision: _____

COGCC
Representative:

2 CA# 116828

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

Date: 07/18/2018

Response: CA COMPLETED

Date of Completion: 07/18/2018

Operator
Comment: Sign installed.

COGCC Decision: _____

COGCC
Representative:

3 CA# 116829

Corrective Action: Properly treat or dispose of oily waste in accordance with Rule 907.e.

Date: 07/18/2018

Response: CA COMPLETED

Date of Completion: 07/18/2018

Operator
Comment: Containment treated with Micro-blaze.

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: 7/23/2018 10:33:53 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files