

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:
401725084
Date Received:
08/06/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680200165

Inspection Date: 05/16/2018

FIR Submit Date: 05/25/2018

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: 415597

Location Name: Orchard Unit Number: 21-3 County: _____
(F21OU)

Qtrqtr: SENW Sec: 21 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.337666 Longitude: -108.116958

FACILITY - API Number: 05-077- -00 Facility ID: 159267

Facility Name: ORCHARD UNIT 21-6 Number: _____
(F21OU)

Qtrqtr: SENW Sec: 21 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.337666 Longitude: -108.116958

CORRECTIVE ACTIONS:

2 CA# 116515

Corrective Action: perform integrity evaluation of above ground equipment at all inject well facilities.
Submit written report to field inspection supervisor.

Date: 07/27/2018

Response: CA COMPLETED

Date of Completion: 07/20/2018

Operator
Comment:

The nipple was the leaking component and it has been replaced.

COGCC Decision: _____

COGCC
Representative: _____

3 CA# 116516

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

Date: 07/20/2018

Response: CA COMPLETED

Date of Completion: 07/20/2018

Operator
Comment: Sign installed.

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: 8/6/2018 10:24:06 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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Total Attach: 0 Files