

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 ACTIIONS:

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**

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

Total Attach: 0 Files