

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:
401758941
Date Received:
09/11/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 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
<u>Lindsey Rider</u>	<u>970-285-2711</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301838

Inspection Date: 08/27/2018

FIR Submit Date: 08/27/2018

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: 334736

Location Name: CHEROKEE MOUNTAIN ESTATES-67S92W Number: 3SESW County: GARFIELD

Qtrqtr: SESW Sec: 3 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.471210 Longitude: -107.654600

FACILITY - API Number: 05-045-00

Facility ID: 293735

Facility Name: CHEROKEE MOUNTAIN ESTATES Number: 3-15A (N3E)

Qtrqtr: SESW Sec: 3 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.471210 Longitude: -107.654600

CORRECTIVE ACTIIONS:

1 CA# 118237

Corrective Action: Mark as required

Date: 09/27/2018

Response: CA COMPLETED

Date of Completion: 08/30/2018

Operator Comment: Deadmen were removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 118238

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 08/29/2018

Response: CA COMPLETED

Date of Completion: 08/29/2018

Operator
Comment: Valve was 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: 9/11/2018 10:03:46 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