

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401780100
Date Received:
10/01/2018

FIR RESOLUTION FORM

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
Lindsey Rider 970-285-2711 cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 692400016
Inspection Date: 07/31/2018 FIR Submit Date: 08/16/2018 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: 427788

Location Name: Albertson Number: G15 7101 County:
Qtrqr: SWNE Sec: 15 Twp: 7S Range: 101W Meridian: 6
Latitude: 39.446525 Longitude: -108.646400

FACILITY - API Number: 05-045-00 Facility ID: 427788

Facility Name: Albertson Number: G15 7101
Qtrqr: SWNE Sec: 15 Twp: 7S Range: 101W Meridian: 6
Latitude: 39.446525 Longitude: -108.646400

CORRECTIVE ACTIONS:

1 CA# 117976
Corrective Action: Control Non Noxious Weeds on site before they become Debris; removing from site if they have become Debris. Date: 09/17/2018

Response: CA COMPLETED Date of Completion: 08/20/2018

Operator Comment: Weeds Treated.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 117977

Corrective Action: CA#1) Continue to control Noxious & non Noxious weeds (debris weeds) on Location & access road; monitoring for effectiveness & timely applications.

Date: 09/17/2018

Recommended to assess Vegetation in Interim Reclamation areas; reseeding & applying remedies needed if vegetation is not Progressing.

Response: CA COMPLETED

Date of Completion: 08/20/2018

Operator
Comment: Weeds Treated.

COGCC Decision: Approved pending re-inspection

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: 10/1/2018 12:11:02 PM

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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| 401780100 | FIR RESOLUTION SUBMITTED |
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Total Attach: 1 Files