

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:

401816898

Date Received:

10/30/2018

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 681701098

Inspection Date: 10/01/2018

FIR Submit Date: 10/02/2018

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqr: NWSE Sec: 25 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.584419 Longitude: -108.115555

FACILITY - API Number: 05-045-00 Facility ID: 457694

Facility Name: West Fork 3-Phase Line Number: _____

Qtrqr: NWSE Sec: 25 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.584419 Longitude: -108.115555

CORRECTIVE ACTIONS:

1 CA# 119166

Corrective Action: Submit a Form 4 Sundry Notice for temporary storage of impacted material at J25A 596 Pad (Location ID #335650) to the attention of Steven Arauza.

Date: 10/09/2018

Response: CA COMPLETED Date of Completion: 10/04/2018

Operator Comment: Form 4 submitted.

COGCC Decision: _____

COGCC
Representative:

2 CA# 119167

Corrective Action: Submit Supplemental eForm 19 Spill/Release Report within 10 calendar days of spill discovery, per Rule 906.b. Supplemental eForm 19 should note that Waters of the State were threatened or impacted by the spill.

Date: 10/08/2018

Response: CA COMPLETED

Date of Completion: 10/04/2018

Operator
Comment: A Form 19 was submitted.

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: 10/30/2018 2:24:23 PM

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