

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:

401837210

Date Received:

11/13/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 5 CAs from the FIR responded to on this Form

1 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

Lindsey Rider

Phone

970-285-2711

Email

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302038

Inspection Date: 10/02/2018

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: 334558

Location Name: ROLES-67S93W Number: 13NESE County: GARFIELD

Qtrqr: NWSE Sec: 13 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.444210 Longitude: -107.721360

FACILITY - API Number: 05-045- -00 Facility ID: 211194

Facility Name: ROLES Number: 13-10
(J13W)

Qtrqr: NWSE Sec: 13 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.444210 Longitude: -107.721360

CORRECTIVE ACTIONS:

2 CA# 119183

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 11/02/2018

Response: CA COMPLETED

Date of Completion: 11/02/2018

Operator Comment: Stormwater repairs complete.

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: 11/13/2018 9:40:49 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