

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:  
401836250  
Date Received:  
11/12/2018

## FIR RESOLUTION FORM

### CA Summary:

1 of 3 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	Phone	Email
Lindsey Rider	970-285-2711	cogcc.inspections@caerusoilandgas.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 689302301  
Inspection Date: 11/07/2018 FIR Submit Date: 11/07/2018 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: 335423

Location Name: SHIDELER-66S92W Number: 29NESW County: GARFIELD  
Qtrqtr: NESW Sec: 29 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.497159 Longitude: -107.694145

### FACILITY - API Number: 05-045-00 Facility ID: 282084

Facility Name: CRUZ Number: 29-12C (K29NE)  
Qtrqtr: NESW Sec: 29 Twp: 6S Range: 92W Meridian: 6  
Latitude: 39.497159 Longitude: -107.694145

### CORRECTIVE ACTIONS:

1 ☒ CA# 120246

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: 12/07/2018

Response: CA COMPLETED Date of Completion: 11/09/2018

Operator Comment: Valves tightened.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approval/passing of the Form 4 / FIRR acknowledges that the Oil and Gas Conservation Commission has received the Notice. A field inspection will be conducted to evaluate compliance.

**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: 11/12/2018 2:13:28 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

401836250	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files