

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:
401850869

Date Received:
11/27/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 4 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: 689701889

Inspection Date: 10/10/2018

FIR Submit Date: 10/10/2018

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: 322458

Location Name: COWPERTHWAIT-68S97W Number: 6SWNW County: _____

Qtrqr: SWN Sec: 6 Twp: 8S Range: 97W Meridian: 6
W

Latitude: 39.390269 Longitude: -108.266080

FACILITY - API Number: 05-045- -00 Facility ID: 322458

Facility Name: COWPERTHWAIT-68S97W Number: 6SWNW

Qtrqr: SWN Sec: 6 Twp: 8S Range: 97W Meridian: 6
W

Latitude: 39.390269 Longitude: -108.266080

CORRECTIVE ACTIONS:

1 CA# 119448

Corrective Action: Install sign to comply with Rule 210.b.

Date: 12/12/2018

Response: CA COMPLETED

Date of Completion: 11/13/2018

Operator Comment: Old sign was replaced with new sign.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 119449

Corrective Action: Install sign to comply with Rule 210.d.
Install sign to comply with Rule 210.e.

Date: 12/12/2018

Response: CA COMPLETED

Date of Completion: 11/20/2018

Operator
Comment: New label was installed.

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: 11/27/2018 8:54:45 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