

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:
401850947

Date Received:
11/27/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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: 689302376

Inspection Date: 11/17/2018

FIR Submit Date: 11/17/2018

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: 334859

Location Name: BOULTON-66S92W Number: 33SENW County: GARFIELD

Qtrqr: SENW Sec: 33 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.484600 Longitude: -107.675410

FACILITY - API Number: 05-045- -00 Facility ID: 261016

Facility Name: BOULTON Number: 33-6A (F33)

Qtrqr: SENW Sec: 33 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.484600 Longitude: -107.675410

CORRECTIVE ACTIONS:

1 CA# 120524

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

Date: 10/26/2018

Response: CA COMPLETED

Date of Completion: 11/20/2018

Operator
Comment: Stormwater repairs completed.

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 9:19:46 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