

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

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: COWPERTHWAITTE-68S97W Number: 6SWNW County:  
Qtrqtr: 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: COWPERTHWAITTE-68S97W Number: 6SWNW  
Qtrqtr: SWN Sec: 6 Twp: 8S Range: 97W Meridian: 6  
W  
Latitude: 39.390269 Longitude: -108.266080

CORRECTIVE ACTIIONS:

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: Approved pending re-inspection

COGCC Representative:

[Empty text box for 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.

[Empty text box for Operator Comment]

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

[Empty text box for 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.

<u>Document Number</u>	<u>Description</u>
401850869	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files