

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:

401799519

Date Received:

10/17/2018

FIR RESOLUTION FORM

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

0 CA Completed
1 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: 689302101

Inspection Date: 10/11/2018

FIR Submit Date: 10/11/2018

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: 335019

Location Name: SHIDELER-66S92W Number: 33SWNW County: GARFIELD

Qtrqtr: SWN Sec: 33 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.486550 Longitude: -107.678990

FACILITY - API Number: 05-045-00 Facility ID: 269719

Facility Name: SHIDELER Number: 33-4D
(E33NE)

Qtrqtr: SWN Sec: 33 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.486550 Longitude: -107.678990

CORRECTIVE ACTIIONS:

2 CA# 119466

Corrective Action: Comply with rule 603.f.
For unused flowline riser, 30 days to remove riser.

Date: 11/11/2018

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: The dump lines are marked with tags and being kept for future use. These lines were pressure tested and the data was submitted during the NTO process. The lines will be pressure tested again as required and prior to being put back in service. Please remove this corrective action from the inspection.

COGCC Decision: **Not Approved**

COGCC Representative:

COGCC Supervisor:

No documentation was submitted to support Factual Review Request

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: 10/17/2018 10:19:30 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>
401799519	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files