

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:

401798931

Date Received:

10/16/2018

FIR RESOLUTION FORM

CA Summary:

1 of 1 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: 689302094

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: 324267

Location Name: SHIDELER Number: 31-6DD (K31E) County: GARFIELD

Qtrqtr: NESW Sec: 31 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.401713 Longitude: -107.709110

FACILITY - API Number: 05-045-00 Facility ID: 429531

Facility Name: Shideler Fee Number: 31-5CC (K31E)

Qtrqtr: NESW Sec: 31 Twp: 7S Range: 92W Meridian: 6

Latitude: 39.401713 Longitude: -107.709110

CORRECTIVE ACTIONS:

1 CA# 119443

Corrective Action: comply with rule 603.f." For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.

Date: 11/10/2018

Response: FACTUAL REVIEW REQUEST

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

The riser shown in photo 3 is in use, under pressure, and is tested annually. Please remove this corrective action

Operator Comment: 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: 10/16/2018 3:43:02 PM

ATTACHMENT LIST

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

Document Number **Description**

401798931	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files