

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:
401897665

Date Received:
01/08/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 689302511

Inspection Date: 12/05/2018

FIR Submit Date: 12/05/2018

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: 311645

Location Name: GMR Number: 8-6 (K8W) County: GARFIELD

Qtrqr: NESW Sec: 8 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.458232 Longitude: -107.799868

FACILITY - API Number: 05-045- -00 Facility ID: 415718

Facility Name: GMR Number: 8-6A1 (K8W)

Qtrqr: NESW Sec: 8 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.458232 Longitude: -107.799868

CORRECTIVE ACTIONS:

1 CA# 120790

Corrective Action: Repair or install berms or other secondary containment devices per Rule 906.d.(1).

Date: 01/05/2019

Response: CA COMPLETED

Date of Completion: 01/04/2019

Operator
Comment:

Liner Repaired

COGCC Decision: _____

COGCC
Representative:

2 CA# 120791

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

Date: 01/05/2019

Response: CA COMPLETED

Date of Completion: 01/04/2019

Operator
Comment:

Sign Installed

COGCC Decision:

COGCC
Representative:

3 CA# 120792

Corrective Action: Comply with rule 603.f

Date: 03/05/2019

Response: CA COMPLETED

Date of Completion: 01/08/2019

Operator
Comment:

Unused Equipment Removed.

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: 1/8/2019 4:06:13 PM

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>
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Total Attach: 0 Files