

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:

401907306

Date Received:

01/16/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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: 689302122

Inspection Date: 10/15/2018

FIR Submit Date: 10/15/2018

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: 335376

Location Name: GMR-66S93W Number: 27NWNE County: GARFIELD

Qtrqr: NWNE Sec: 27 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.504090 Longitude: -107.758970

FACILITY - API Number: 05-045- -00 Facility ID: 261293

Facility Name: GMR Number: 27-2B1  
(B27)

Qtrqr: NWNE Sec: 27 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.504090 Longitude: -107.758970

CORRECTIVE ACTIONS:

1 CA# 119572

Corrective Action: Comply with rule 603.f.  
For unused, unmarked flowline risers, 24 hrs to LOTO, 30 days to remove riser

Date: 11/15/2018

Response: CA COMPLETED

Date of Completion: 05/20/2017

Operator Comment: The sales line is live and under pressure and is tested annually.

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: \_\_\_\_\_

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: 1/16/2019 2:05:17 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401907322	B27_Flowline Pressure Test Data
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Total Attach: 1 Files