

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:  
402230830

Date Received:  
11/05/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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
<u>Romana Cowden</u>	<u>970-285-2771</u>	<u>rcowden@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 692401427

Inspection Date: 09/19/2019 FIR Submit Date: 10/10/2019 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: 312394

Location Name: WALLACE CURRIER-610S95W Number: 19NENE County: MESA

Qtrqtr: NENE Sec: 19 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.179240 Longitude: -108.027250

FACILITY - API Number: 05-077-00 Facility ID: 221486

Facility Name: WALLACE CURRIER Number: 19-1 (PL19NE)

Qtrqtr: NENE Sec: 19 Twp: 10S Range: 95W Meridian: 6

Latitude: 39.179240 Longitude: -108.027250

CORRECTIVE ACTIIONS:

1 CA# 131593

Corrective Action: CA from previous insp has not been resolved:  
Perform Final Reclamation per COGCC 1004 Rules; Reclamation Activities to be complete by October 16, 2017 or Apply for Final Reclamation Variance as outlined in Reclamation Variances & Waivers Guideline Document by CA Date.

Date: 10/16/2019

Response: CA COMPLETED Date of Completion: 10/16/2019

Caerus spoke with COGCC Reclamation Specialist 10/16/2019 regarding the approved and attached form-4 document # 400927447

Operator Comment: \_\_\_\_\_

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: Romana Cowden Signed: \_\_\_\_\_

Title: EHS Date: 11/5/2019 7:49:23 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>
402230832	Approved reclamation waiver

Total Attach: 1 Files