

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:
402235503

Date Received:
11/11/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 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

Romana Cowden

970-285-2771

rcowden@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200436

Inspection Date: 10/25/2019

FIR Submit Date: 10/28/2019

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: 334837

Location Name: SHIDELER-66S92W Number: 32NESW County: GARFIELD

Qtrqr: NESW Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.482190 Longitude: -107.693600

FACILITY - API Number: 05-045- -00 Facility ID: 211366

Facility Name: SHIDELER Number: 32-11

Qtrqr: NESW Sec: 32 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.482190 Longitude: -107.693600

CORRECTIVE ACTIONS:

1 CA# 132037

Corrective Action: Provide annual pressure test data , Via FIRR and email to Western Integrity inspector

Date: 11/04/2019

Response: CA COMPLETED

Date of Completion: 11/08/2019

Operator
Comment:

Submitted pressure test to Richard Murray and via this form

COGCC Decision: _____

COGCC
Representative:

2 CA# 132038

Corrective Action: Provide pressure test results, performed before returning back to in service, Via FIRR and email to Western Integrity inspector

Date: 11/04/2019

Response: CA COMPLETED

Date of Completion: 11/08/2019

Operator
Comment:

Provided pressure test to Richard Murray and via this form.

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: 11/11/2019 10:23:06 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>
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402235525	K32 Pressure Test Retest after repair
402235526	K32 original pressure test of all lines

Total Attach: 2 Files