

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:
402281128

Date Received:
01/09/2020

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>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200487

Inspection Date: 01/06/2020

FIR Submit Date: 01/06/2020

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: 335622

Location Name: N. PARACHUTE-65S96W Number: 23SESW County: _____

Qtrqtr: SESW Sec: 23 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.595640 Longitude: -108.136880

FACILITY - API Number: 05-045- -00 Facility ID: 335622

Facility Name: N. PARACHUTE-65S96W Number: 23SESW

Qtrqtr: SESW Sec: 23 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.595640 Longitude: -108.136880

CORRECTIVE ACTIONS:

1 CA# 135716

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

Provide flowline annual pressure test data results for previous year for this location, Via FIRR and email to Western Integrity inspector

Provide Root Cause when information becomes available. Via Form 4 and email to Western Integrity inspector

Date: 01/13/2020

Response: CA COMPLETED

Date of Completion: 01/09/2019

Pressure test data was provided to Richard for 2018 and 2019, and is attached to this inspection.

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: 1/9/2020 10:50:47 AM

ATTACHMENT LIST

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

Document Number **Description**

402281132

Pressure Test Data

Total Attach: 1 Files