

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:
402398105

Date Received:
05/14/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>rcowden@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699800386

Inspection Date: 01/14/2020

FIR Submit Date: 01/14/2020

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: 418660

Location Name: Stewart Number: 36-13H (PL36SW) County: _____

Qtrqtr: Lot 4 Sec: 36 Twp: 9S Range: 96W Meridian: 6

Latitude: 39.226360 Longitude: -108.060320

FACILITY - API Number: 05-077-00 Facility ID: 418660

Facility Name: Stewart Number: 36-13H (PL36SW)

Qtrqtr: Lot 4 Sec: 36 Twp: 9S Range: 96W Meridian: 6

Latitude: 39.226360 Longitude: -108.060320

CORRECTIVE ACTIONS:

1 CA# 135959

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with tanks contents and NFPA label. Properly label tank.

Date: 03/14/2020

Response: CA COMPLETED

Date of Completion: 02/08/2020

Operator Comment: Label was added.

COGCC Decision: _____

COGCC
Representative:

2 CA# 135960

Corrective Action: production facilities, shall be kept free of equipment and debris not necessary for use on that lease. Remove unused equipment from location.

Date: 01/29/2020

Response: CA COMPLETED

Date of Completion: 02/08/2020

Operator
Comment: Unused equipment was 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: Romana Cowden

Signed: _____

Title: EHS

Date: 5/14/2020 9:52:04 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files