

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:

402404033

Date Received:

05/21/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 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

Romana Cowden

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 698100147

Inspection Date: 04/24/2020

FIR Submit Date: 04/28/2020

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: 448472

Location Name: Mesa Number: F26-697 County: \_\_\_\_\_

Qtrqr: SENW Sec: 26 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.495078 Longitude: -108.190850

FACILITY - API Number: 05-045- -00 Facility ID: 448472

Facility Name: Mesa Number: F26-697

Qtrqr: SENW Sec: 26 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.495078 Longitude: -108.190850

CORRECTIVE ACTIONS:

1 CA# 138426

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Assess underlying soil for potential hydrocarbon impacts during liner repair. Provide documentation via an FIRR. If hydrocarbon impacts are observed, report via an eForm 19.

Date: 05/24/2020

Response: CA COMPLETED

Date of Completion: 04/27/2020

Operator Comment: Hole was repaired immediately, prior to receiving the corrective action to test soils. At the time of repair, no hydrocarbon smells or staining was observed.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 5/21/2020 12:50:19 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files