

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:  
402410185

Date Received:  
06/01/2020

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

Romana Cowden

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 698100144

Inspection Date: 03/13/2020

FIR Submit Date: 03/18/2020

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: 312697

Location Name: SGV Number: 12H PAD County: \_\_\_\_\_

Qtrqr: SENE Sec: 12 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.366134 Longitude: -108.051801

FACILITY - API Number: 05-077-00 Facility ID: 312697

Facility Name: SGV Number: 12H PAD

Qtrqr: SENE Sec: 12 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.366134 Longitude: -108.051801

CORRECTIVE ACTIONS:

1 CA# 137280

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4) prior to resuming production to the impacted tank battery.

Date: 04/30/2020

Response: CA COMPLETED

Date of Completion: 04/30/2020

Operator  
Comment:

Berm was repaired.

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

COGCC  
Representative:

2 CA# 137281

Corrective Action: Comply with Rule 603.f: Lock out and tag out unused flowline risers within 24 hours.  
Remove unused flowline risers within 30 days.

Date: 03/19/2020

Response: CA COMPLETED

Date of Completion: 03/19/2020

Operator  
Comment:

Tags were added.

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: 6/1/2020 12:57:39 PM

#### 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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Total Attach: 0 Files