

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:

402443184

Date Received:

07/14/2020

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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699801126

Inspection Date: 05/19/2020

FIR Submit Date: 05/19/2020

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: 334076

Location Name: ORCHARD UNIT-68S96W Number: 9NESE County: _____

Qtrqr: NESE Sec: 9 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.362280 Longitude: -108.105470

FACILITY - API Number: 05-077-00 Facility ID: 334076

Facility Name: ORCHARD UNIT-68S96W Number: 9NESE

Qtrqr: NESE Sec: 9 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.362280 Longitude: -108.105470

CORRECTIVE ACTIONS:

1 CA# 139179

Corrective Action: Production facilities, shall be kept free of waste material. Remove and dispose of stained gravel from location.

Date: 08/19/2020

Response: CA COMPLETED

Date of Completion: 07/09/2020

Operator Comment: Gravel was cleaned.

COGCC Decision: _____

COGCC
Representative:

2 CA# 139180

Corrective Action: All tanks with a capacity of ten (10) barrels or greater shall be labeled with tank capacity, name of operator and operator's emergency contact telephone number. Properly label tank.

Date: 08/19/2020

Response: CA COMPLETED

Date of Completion: 07/09/2020

Operator
Comment: Label was 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: 7/14/2020 2:07:36 PM

ATTACHMENT LIST

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

Document Number **Description**

402443206	Label was added.
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Total Attach: 1 Files