

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:

402466557

Date Received:

08/14/2020

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

Romana Cowden

720-951-5895

cogcc.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696201480

Inspection Date: 07/08/2020

FIR Submit Date: 07/10/2020

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: 312408

Location Name: ACCO-WOOD ET AL-610S96W Number: 32SESE County: _____

Qtrqtr: SESE Sec: 32 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.139290 Longitude: -108.123460

FACILITY - API Number: 05-077-00 Facility ID: 312408

Facility Name: ACCO-WOOD ET AL-610S96W Number: 32SESE

Qtrqtr: SESE Sec: 32 Twp: 10S Range: 96W Meridian: 6

Latitude: 39.139290 Longitude: -108.123460

CORRECTIVE ACTIONS:

1 CA# 140376

Corrective Action: Comply with Rule 1004.e and conduct noxious weed management. Ongoing weed management is required until Location receives a passing final reclamation inspection.

Date: 07/27/2020

Response: CA COMPLETED

Date of Completion: 07/27/2020

Operator Comment: Weeds were treated.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 140377

Corrective Action: Update sign information to comply with 210 Rules, or remove from Location pursuant to 1004 rules.

Date: 07/27/2020

Response: CA COMPLETED

Date of Completion: 07/27/2020

Operator
Comment: Sign 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: 8/14/2020 7:26:41 AM

ATTACHMENT LIST

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

Document Number **Description**

402466560	Sign was removed
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Total Attach: 1 Files