

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:  
402478754

Date Received:  
08/31/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 5 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: 696201631

Inspection Date: 08/10/2020

FIR Submit Date: 08/11/2020

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: 335667

Location Name: N PARACHUTE Number: WF15A-23 F23596 County: \_\_\_\_\_

Qtrqtr: SENW Sec: 23 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.601606 Longitude: -108.140351

FACILITY - API Number: 05-045-00 Facility ID: 335667

Facility Name: N PARACHUTE Number: WF15A-23 F23596

Qtrqtr: SENW Sec: 23 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.601606 Longitude: -108.140351

CORRECTIVE ACTIIONS:

1 CA# 141155

Corrective Action: Within a resolution form, identify what the observed equipment is for and its current application, for production activities on the Location.

Date: 07/23/2020

Response: CA COMPLETED Date of Completion: 08/28/2020

Operator Comment: Equipment has been labled in the field. One is a chemical injection lines, the other is the supply gass line.

COGCC Decision: **Not Approved**

COGCC Representative: Operator has provided no indication as to the equipments current application for production activities on the Location, per the corrective action.

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: 8/31/2020 2:16:00 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>
402478754	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files