

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:

402489239

Date Received:

09/15/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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: 696201537

Inspection Date: 07/17/2020

FIR Submit Date: 07/20/2020

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: 335999

Location Name: CHEVRON-65S96W Number: 596-31C County: _____

Qtrqr: NWS Sec: 31 Twp: 5S Range: 96W Meridian: 6
W

Latitude: 39.570220 Longitude: -108.215290

FACILITY - API Number: 05-045- -00 Facility ID: 335999

Facility Name: CHEVRON-65S96W Number: 596-31C

Qtrqr: NWS Sec: 31 Twp: 5S Range: 96W Meridian: 6
W

Latitude: 39.570220 Longitude: -108.215290

CORRECTIVE ACTIONS:

1 CA# 140576

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. Clean up spill release and impacted soils per Rule 906.a, and implement BMPs as needed for spill containment/prevention pursuant to Rule 1002.f.

Date: 08/20/2020

Response: CA COMPLETED

Date of Completion: 07/21/2020

Operator Comment: Equipment was maintained, fluids were recovered, and BMPs were repaired.

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: 9/15/2020 9:36:42 AM

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