

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:
402521870

Date Received:
10/29/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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: 692401416

Inspection Date: 09/18/2019

FIR Submit Date: 10/10/2019

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: 334398

Location Name: ROWE-68S92W Number: 11SWNE County: GARFIELD

Qtrqr: SWNE Sec: 11 Twp: 8S Range: 92W Meridian: 6

Latitude: 39.376044 Longitude: -107.631004

FACILITY - API Number: 05-045- -00 Facility ID: 269369

Facility Name: ROWE Number: 11-10A
(G11SE)

Qtrqr: SWNE Sec: 11 Twp: 8S Range: 92W Meridian: 6

Latitude: 39.376044 Longitude: -107.631004

CORRECTIVE ACTIONS:

2 CA# 131587

Corrective Action: CAs from Previous Insp.
CA#1) Perform Final Reclamation per COGCC 1004 Rules; reclaiming Access Rd by October 16, 2017 or, apply for Final Reclamation Variance as outlined in Reclamation Variances & Waivers Guideline Document by CA Date.
CA#2) Remove Pipe fence excluding Riser from Location at time of NTO Riser work completion, 6/30/17.
New CA:
CA#3) Control Noxious Weeds.

Date: 06/30/2017

Response: CA COMPLETED

Date of Completion: 10/29/2020

Operator Comment: Weeds were treated multiple times during the growing season. Waiver was sent to the landowner, who lives out of state. Upon receiving it back, it was submitted.

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: 10/29/2020 2:04:48 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files