

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:

402529235

Date Received:

11/10/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

0 CA Completed  
1 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: 701100723

Inspection Date: 11/06/2020

FIR Submit Date: 11/09/2020

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: 334977

Location Name: PUCKETT-67S96W Number: 6SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 6 Twp: 7S Range: 96W Meridian: 6  
W

Latitude: 39.466670 Longitude: -108.158530

FACILITY - API Number: 05-045- -00 Facility ID: 334977

Facility Name: PUCKETT-67S96W Number: 6SWNW

Qtrqr: SWN Sec: 6 Twp: 7S Range: 96W Meridian: 6  
W

Latitude: 39.466670 Longitude: -108.158530

CORRECTIVE ACTIONS:

3 CA# 144280

Corrective Action: Maintain vehicle tracking BMPs on the oil and gas location to comply with rule 1002.f. (2)F.

Date: 11/25/2020

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Sediment control BMPs, such as perimeter berm, are in place around the pad to prevent sediment from migrating off site. Location has a stabilized, gravel working surface, and access road is also stabilized with gravel to prevent off-site tracking. Road and pad are graded as needed.

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: 11/10/2020 10:28:02 AM

**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