

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:

402531693

Date Received:

11/12/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 2 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: 699802098

Inspection Date: 11/10/2020

FIR Submit Date: 11/10/2020

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: 311752

Location Name: ORCHARD-68S96W Number: 17SWSW County: _____

Qtrqr: SWS Sec: 17 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.344660 Longitude: -108.139440

FACILITY - API Number: 05-077- -00 Facility ID: 311752

Facility Name: ORCHARD-68S96W Number: 17SWSW

Qtrqr: SWS Sec: 17 Twp: 8S Range: 96W Meridian: 6
W

Latitude: 39.344660 Longitude: -108.139440

CORRECTIVE ACTIONS:

2 CA# 144337

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations.

Date: 11/25/2020

Response: FACTUAL REVIEW REQUEST

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

Operator Comment: Working surface and access road are stabilized unpaved surfaces (using gravel) to minimize tracking, and are maintained as needed. Miles of dirt road are present once you leave the pad. Tracking is not occurring on paved road.

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: 11/12/2020 3:43:46 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