

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:

402571062

Date Received:

01/11/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 701100831

Inspection Date: 11/30/2020

FIR Submit Date: 12/02/2020

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: 324205

Location Name: PUCKETT-67S97W Number: 1SWSE County: _____

Qtrqr: SWSE Sec: 1 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.470080 Longitude: -108.167420

FACILITY - API Number: 05-045- -00 Facility ID: 324205

Facility Name: PUCKETT-67S97W Number: 1SWSE

Qtrqr: SWSE Sec: 1 Twp: 7S Range: 97W Meridian: 6

Latitude: 39.470080 Longitude: -108.167420

CORRECTIVE ACTIONS:

1 ☒ CA# 144786

Corrective Action: Install sign to comply with Rule 210.b.

Date: 03/02/2021

Response: CA COMPLETED

Date of Completion: 12/04/2020

Operator
Comment: Sign was replaced.

COGCC Decision: Approved pending re-inspection

| | |
|---|---|
| COGCC Representative: | |
| 2 <input checked="" type="checkbox"/> CA# 144787 | |
| Corrective Action: | Install proper guy line markers per Rule 1003.a |
| | Date: <u>12/17/2020</u> |
| Response: | CA COMPLETED |
| | Date of Completion: <u>12/04/2020</u> |
| Operator Comment: | Deadman was removed. |
| COGCC Decision: | Approved pending re-inspection |
| 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: <u>1/11/2021 7:54:00 AM</u> |

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> |
|------------------------|---------------------------------|
| 402571062 | FIR RESOLUTION SUBMITTED |
| 402571064 | Sign replaced, Deadman removed. |

Total Attach: 2 Files