

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:
402578354

Date Received:
01/19/2021

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: 692401345

Inspection Date: 09/06/2019

FIR Submit Date: 09/16/2019

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: 335476

Location Name: 697-21A-66S97W Number: 21SENE County: _____

Qtrqr: SENE Sec: 21 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.509400 Longitude: -108.218230

FACILITY - API Number: 05-045-00 Facility ID: 335476

Facility Name: 697-21A-66S97W Number: 21SENE

Qtrqr: SENE Sec: 21 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.509400 Longitude: -108.218230

CORRECTIVE ACTIONS:

1 CA# 130619

Corrective Action: Comply with 1002.c, controlling weeds and establishing desirable species.

Date: 06/15/2020

Response: CA COMPLETED

Date of Completion: 06/15/2020

Operator Comment: Weeds were treated.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 130620

Corrective Action: Re-seed or inter-seed in areas of Interim Reclamation where desirable Vegetation has failed to emerge or establish

Date: 06/15/2020

Response: CA COMPLETED

Date of Completion: 09/01/2020

Operator
Comment:

Location was reclaimed.

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: 1/19/2021 12:41:31 PM

ATTACHMENT LIST

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

Document Number **Description**

402578354	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files