

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:

402526999

Date Received:

11/06/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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: 700701790

Inspection Date: 10/29/2020

FIR Submit Date: 10/29/2020

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: 335399

Location Name: GMR-66S93W Number: 33SWNE County: _____

Qtrqr: SWNE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.485131 Longitude: -107.776342

FACILITY - API Number: 05-045- -00 Facility ID: 335399

Facility Name: GMR-66S93W Number: 33SWNE

Qtrqr: SWNE Sec: 33 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.485131 Longitude: -107.776342

CORRECTIVE ACTIONS:

1 ☒ CA# 144048

Corrective Action: Maintain vehicle tracking BMPs on the oil and gas location

Date: 11/19/2020

Response: CA COMPLETED

Date of Completion: 11/06/2020

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. Working surface and road are maintained every year to prevent tracking. The photos show BMPs functioning as intended.

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: 11/6/2020 9:42:39 AM

ATTACHMENT LIST

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

Document Number **Description**

402526999	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files