

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:

402618388

Date Received:

03/04/2021

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: 699802650

Inspection Date: 02/24/2021

FIR Submit Date: 02/25/2021

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: 334732

Location Name: ENCANA-67S95W Number: 21NWNW County: _____

Qtrqr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

FACILITY - API Number: 05-045- -00 Facility ID: 334732

Facility Name: ENCANA-67S95W Number: 21NWNW

Qtrqr: NWN Sec: 21 Twp: 7S Range: 95W Meridian: 6
W

Latitude: 39.429360 Longitude: -108.009200

CORRECTIVE ACTIONS:

1 ☒ CA# 146882

Corrective Action: Secondary containment structures shall be sufficiently impervious to contain discharged material.

Date: 04/03/2021

Response: CA COMPLETED

Date of Completion: 03/03/2021

Operator Comment: Liner was repaired.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2

☒ CA# 146883

Corrective Action: Operators will prevent and minimize adverse impacts to wildlife resources.

Date: 03/24/2021

Response: CA COMPLETED

Date of Completion: 03/03/2021

Operator
Comment: Line was capped and sealed.

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: 3/4/2021 2:15:45 PM

ATTACHMENT LIST

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

Document Number **Description**

402618388	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files