

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:

402674831

Date Received:

04/29/2021

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: 696202444

Inspection Date: 03/04/2021

FIR Submit Date: 03/10/2021

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: 335657

Location Name: N.PARACHUTE-65S95W Number: 28NENW County: \_\_\_\_\_

Qtrqr: NENW Sec: 28 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.588672 Longitude: -108.060800

FACILITY - API Number: 05-045- -00 Facility ID: 335657

Facility Name: N.PARACHUTE-65S95W Number: 28NENW

Qtrqr: NENW Sec: 28 Twp: 5S Range: 95W Meridian: 6

Latitude: 39.588672 Longitude: -108.060800

CORRECTIVE ACTIONS:

1 CA# 147272

Corrective Action: Comply with Rule 606 and remove unused equipment from the Location.

Date: 04/10/2021

Response: CA COMPLETED

Date of Completion: 04/10/2021

Operator  
Comment:

These lines were put in place to have the ability to discharge any excess braden head pressure at the well heads to our sales header at the back of the production skids, allowing us to avoid venting any excess pressure to atmosphere and avoid any potential fluids released on site. We'd like to keep them in place, but they have been capped.

COGCC Decision: \_\_\_\_\_

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: 4/29/2021 8:47:24 AM

**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>
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Total Attach: 0 Files