

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:
402720192

Date Received:
06/16/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 4 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: 699802775

Inspection Date: 03/16/2021

FIR Submit Date: 03/17/2021

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: 334106

Location Name: KEINATH FEDERAL-68S96W Number: 8SEnw County: _____

Qtrqr: SENW Sec: 8 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.366210 Longitude: -108.135150

FACILITY - API Number: 05-077- -00 Facility ID: 334106

Facility Name: KEINATH FEDERAL-68S96W Number: 8SEnw

Qtrqr: SENW Sec: 8 Twp: 8S Range: 96W Meridian: 6

Latitude: 39.366210 Longitude: -108.135150

CORRECTIVE ACTIONS:

2 CA# 147469

Corrective Action: Oil and Gas Locations will be kept free of all Undesirable Plant Species.

Date: 03/31/2021

Response: CA COMPLETED

Date of Completion: 03/31/2021

Operator Comment: Removed.

COGCC Decision: _____

COGCC
Representative: _____

4 CA# 147471

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations.

Date: 12/19/2020

Response: CA COMPLETED

Date of Completion: 03/30/2021

Operator
Comment:

Graded pad surface and access road as soon as weather allowed. Also repaired and cleaned perimeter ditch.

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: 6/16/2021 9:33:12 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files