

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:
402770839

Date Received:
08/04/2021

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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>cogcc.inspections@caerusoilandgas.com</u>

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:

1 CA# 147468

Corrective Action: Properly lock out tag out flow line or remove riser.

Date: 04/17/2021

Response: CA COMPLETED

Date of Completion: 03/31/2021

Operator Comment: Riser was removed.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 147470

Corrective Action: Operator's shall avoid, minimize, and mitigate adverse Impacts to wildlife.

Date: 04/16/2021

Response: CA COMPLETED

Date of Completion: 03/31/2021

Operator Comment: Flow line was sealed and 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: 8/4/2021 4:16:26 PM

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>

Total Attach: 0 Files