

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:  
402833655

Date Received:  
10/06/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 5 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: 700703115

Inspection Date: 08/09/2021

FIR Submit Date: 08/11/2021

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: 335058

Location Name: ALP Fee Number: 24-6B (J24NW) County: \_\_\_\_\_

Qtrqtr: NWSE Sec: 24 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.511450 Longitude: -107.721810

FACILITY - API Number: 05-045-00 Facility ID: 335058

Facility Name: ALP Fee Number: 24-6B (J24NW)

Qtrqtr: NWSE Sec: 24 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.511450 Longitude: -107.721810

CORRECTIVE ACTIONS:

1  CA# 154677

Corrective Action: remove all stained material

Date: 08/27/2021

Response: CA COMPLETED

Date of Completion: 08/20/2021

Operator Comment: Stains have been removed.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

4  CA# 154680

Corrective Action: Ensure good mechanical condition, inspect at regular intervals. This is a safety issue.

Date: 08/20/2021

Response: CA COMPLETED

Date of Completion: 08/20/2021

Operator  
Comment: Burner cap has been replaced.

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: 10/6/2021 2:41:30 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>
402833655	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files