

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:

402856331

Date Received:

10/28/2021

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: 696203197

Inspection Date: 10/08/2021

FIR Submit Date: 10/12/2021

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: 311604

Location Name: GL-67S93W Number: 18SWSE County: \_\_\_\_\_

Qtrqr: SWSE Sec: 18 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.439500 Longitude: -107.812230

FACILITY - API Number: 05-045- -00 Facility ID: 311604

Facility Name: GL-67S93W Number: 18SWSE

Qtrqr: SWSE Sec: 18 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.439500 Longitude: -107.812230

CORRECTIVE ACTIONS:

1 CA# 156718

Corrective Action: Install wildlife protection devices

Date: 11/12/2021

Response: CA COMPLETED

Date of Completion: 10/25/2021

Operator Comment: Exclusionary device is present

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

COGCC  
Representative:

4 CA# 156721

Corrective Action: Comply with Rule 606.c/1003.f. Any dead weeds left require are considered debris and require removal in accordance with 606 rules.

Date: 10/27/2021

Response: CA COMPLETED

Date of Completion: 10/26/2021

Operator  
Comment:

Removed.

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: 10/28/2021 1:51:25 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>
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Total Attach: 0 Files