

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:
402927101

Date Received:
01/14/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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: 699803812

Inspection Date: 11/30/2021

FIR Submit Date: 11/30/2021

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: 335780

Location Name: CHEVRON-66S96W Number: 17SESW County: _____

Qtrqr: SESW Sec: 17 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.519810 Longitude: -108.133310

FACILITY - API Number: 05-045-00 Facility ID: 335780

Facility Name: CHEVRON-66S96W Number: 17SESW

Qtrqr: SESW Sec: 17 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.519810 Longitude: -108.133310

CORRECTIVE ACTIONS:

1 CA# 158182

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with name of operator and Operator's emergency contact telephone number.

Date: 01/29/2022

Response: CA COMPLETED

Date of Completion: 12/10/2021

Operator
Comment:

Signage was added.

COGCC Decision: _____

COGCC
Representative:

2 CA# 158183

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

Date: 07/09/2021

Response: CA COMPLETED

Date of Completion: 12/06/2021

Operator
Comment: Graded pad surface and access road.

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: 1/14/2022 11:45:32 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