

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:
403086038

Date Received:
06/22/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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: 700704298

Inspection Date: 06/06/2022

FIR Submit Date: 06/09/2022

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: 335163

Location Name: GMU-66S93W Number: 26NENW County: _____

Qtrqtr: NENW Sec: 26 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.504140 Longitude: -107.744930

FACILITY - API Number: 05-045-00 Facility ID: 335163

Facility Name: GMU-66S93W Number: 26NENW

Qtrqtr: NENW Sec: 26 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.504140 Longitude: -107.744930

CORRECTIVE ACTIONS:

1 CA# 162587

Corrective Action: Remove staining and securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition.

Date: 06/24/2022

Response: CA COMPLETED

Date of Completion: 06/16/2022

Operator Comment: Repaired.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 162588

Corrective Action: Install cap/bull plug

Date: 07/21/2022

Response: CA COMPLETED

Date of Completion: 06/16/2022

Operator Comment: 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: 6/22/2022 6:30:17 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>
403086038	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files