

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:

403322045

Date Received:

02/15/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 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: 696203045

Inspection Date: 08/10/2021

FIR Submit Date: 08/12/2021

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: 457122

Location Name: NPR Number: P17-596 Pad County: \_\_\_\_\_

Qtrqr: SESE Sec: 17 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.611066 Longitude: -108.183965

FACILITY - API Number: 05-045-00 Facility ID: 457122

Facility Name: NPR Number: P17-596 Pad

Qtrqr: SESE Sec: 17 Twp: 5S Range: 96W Meridian: 6

Latitude: 39.611066 Longitude: -108.183965

CORRECTIVE ACTIONS:

1 CA# 154743

Corrective Action: Comply with Rule 406.e.(4).

Date: 05/14/2021

Response: CA COMPLETED

Date of Completion: 02/03/2023

Operator Comment: All four conductors were capped and closed.

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: 2/15/2023 1:41:46 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

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Total Attach: 0 Files