

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:  
403344463

Date Received:  
03/13/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

0 CA Completed  
1 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: 708900101

Inspection Date: 03/09/2023

FIR Submit Date: 03/10/2023

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: 335823

Location Name: UNOCAL-66S96W Number: 4SENW County: GARFIELD

Qtrqr: SENW Sec: 4 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.556040 Longitude: -108.114110

FACILITY - API Number: 05-045-00 Facility ID: 272407

Facility Name: UNOCAL Number: 22-4

Qtrqr: SENW Sec: 4 Twp: 6S Range: 96W Meridian: 6

Latitude: 39.556040 Longitude: -108.114110

CORRECTIVE ACTIONS:

1 CA# 168022

Corrective Action: The Operator will conspicuously post and maintain the date of the last meter calibration in a legible condition at each meter at all times.

Date: 03/20/2023

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Meter data card is attached to each meter tube inside the meter skid, and contains the date of the last meter calibration. Full records are available by request per the rule. Caerus believes we are compliance with this rule.

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: 3/13/2023 2:23:53 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files