

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:
403344505

Date Received:
03/13/2023

FIR RESOLUTION FORM

Overall Status: FRQ

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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699805471

Inspection Date: 03/10/2023

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: 335385

Location Name: BENZEL-66S93W Number: 25SESW County: _____

Qtrqr: SWNE Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.492260 Longitude: -107.726460

FACILITY - API Number: 05-045- -00 Facility ID: 335385

Facility Name: BENZEL-66S93W Number: 25SESW

Qtrqr: SWNE Sec: 25 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.492260 Longitude: -107.726460

CORRECTIVE ACTIONS:

1 ☒ CA# 168051

Corrective Action: The Operator will conspicuously post and maintain the date of the last meter calibration.

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: Approved

COGCC
Representative:

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COGCC
Supervisor:

Operator has provided written permission to enter enclosed units to check cal cards

OPERATOR COMMENT AND SUBMITTAL

Comment:

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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 2:33:55 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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403344505	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files