

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:
403362175

Date Received:
03/31/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 702801345

Inspection Date: 03/14/2023

FIR Submit Date: 03/15/2023

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: 334899

Location Name: BENZEL-66S93W Number: 36NESW County: _____

Qtrqr: NESW Sec: 36 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.482550 Longitude: -107.727000

FACILITY - API Number: 05-045-00 Facility ID: 334899

Facility Name: BENZEL-66S93W Number: 36NESW

Qtrqr: NESW Sec: 36 Twp: 6S Range: 93W Meridian: 6

Latitude: 39.482550 Longitude: -107.727000

CORRECTIVE ACTIONS:

1 CA# 168159

Corrective Action: Comply with Rule 606.

Date: 03/22/2023

Response: CA COMPLETED

Date of Completion: 03/20/2023

Operator Comment: Removed.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 168160

Corrective Action: Remove and properly dispose of stained materials.

Date: 03/30/2023

Response: CA COMPLETED

Date of Completion: 03/20/2023

Operator
Comment: Staining was cleaned by WCO.

COGCC Decision: _____

COGCC
Representative: _____

3 CA# 168161

Corrective Action: Install bull plug on tank drain line.

Date: 03/25/2023

Response: CA COMPLETED

Date of Completion: 03/20/2023

Operator
Comment: Replaced.

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: 3/31/2023 2:14:11 PM

ATTACHMENT LIST

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

Document Number **Description**

Document Number	Description

Total Attach: 0 Files