

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:

403377257

Date Received:

04/19/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 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

Romana Cowden

Phone

720-951-5895

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702801319

Inspection Date: 03/03/2023

FIR Submit Date: 03/06/2023

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: 334563

Location Name: PARKER RANCH-67S93W Number: 10NESE County: GARFIELD

Qtrqr: NESE Sec: 10 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.456630 Longitude: -107.755850

FACILITY - API Number: 05-045- -00 Facility ID: 211184

Facility Name: PARKER RANCH Number: 10-9

Qtrqr: NESE Sec: 10 Twp: 7S Range: 93W Meridian: 6

Latitude: 39.456630 Longitude: -107.755850

CORRECTIVE ACTIONS:

1 ☒ CA# 167905

Corrective Action: Remove riser equipment associated with plugged and abandoned well.

Date: 04/05/2023

Response: CA COMPLETED

Date of Completion: 04/10/2023

Operator Comment: Determined by production the riser is not a dead leg of pipe and will be continuously swept clear of fluid by flowing gas. Riser not needed to be removed at this time.

COGCC Decision: Approved

FIR Resolution is approved, however, "Overall Final Reclamation" status of well API #045-06943 will remain as

COGCC Representative: "Fail" until riser equipment associated with the well is removed in the future. Inspector cannot pass final reclamation on wells with equipment remaining.

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: 4/19/2023 6:41:14 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>
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403377257	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files