

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:
403380936

Date Received:
04/21/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 4 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
<u>Romana Cowden</u>	<u>720-951-5895</u>	<u>COGCC.inspections@caerusoilandgas.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696204827

Inspection Date: 04/05/2023

FIR Submit Date: 04/06/2023

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: 423081

Location Name: Federal Number: PE-25 County: _____

Qtrqr: SWN Sec: 25 Twp: 7S Range: 96W Meridian: 6
W

Latitude: 39.409940 Longitude: -108.067290

FACILITY - API Number: 05-045-00 Facility ID: 423081

Facility Name: Federal Number: PE-25

Qtrqr: SWN Sec: 25 Twp: 7S Range: 96W Meridian: 6
W

Latitude: 39.409940 Longitude: -108.067290

CORRECTIVE ACTIONS:

1 CA# 169104

Corrective Action: Maintain BMP to ensure containment is sufficiently impervious to contain spill or release.

Date: 04/02/2023

Response: CA COMPLETED

Date of Completion: 04/02/2023

Operator Comment: Repaired, see photo.

COGCC Decision: _____

COGCC
Representative:

2 CA# 169105

Corrective Action:

Date: 04/13/2023

Response: CA COMPLETED

Date of Completion: 04/13/2023

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 169106

Corrective Action:

Date: 04/13/2023

Response: CA COMPLETED

Date of Completion: 04/18/2023

Operator
Comment:

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: 4/21/2023 3:06:19 PM

ATTACHMENT LIST

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

Document Number Description

403380949	Repaired.
403380956	Liner was repaired.

Total Attach: 2 Files