

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:

403431934

Date Received:

06/13/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 5 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

(970) 285-2600

Email

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702501435

Inspection Date: 06/12/2023

FIR Submit Date: 06/12/2023

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: 335717

Location Name: LOVE RANCH 8 FEE-62S97W Number: 9SWNW County: _____

Qtrqr: SWN Sec: 9 Twp: 2S Range: 97W Meridian: 6
W

Latitude: 39.891426 Longitude: -108.295662

FACILITY - API Number: 05-103- -00 Facility ID: 335717

Facility Name: LOVE RANCH 8 FEE-62S97W Number: 9SWNW

Qtrqr: SWN Sec: 9 Twp: 2S Range: 97W Meridian: 6
W

Latitude: 39.891426 Longitude: -108.295662

CORRECTIVE ACTIONS:

5 CA# 172693

Corrective Action: Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control Stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation.

Date: 06/28/2023

Response: FACTUAL REVIEW REQUEST

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

Road is stabilized with gravel, grading, compaction, etc. and is regularly maintained. There are no tracking issues or stormwater issues captured in the photos.

Operator Comment:	
COGCC Decision:	
COGCC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
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: 6/13/2023 12:05:04 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>

Total Attach: 0 Files