

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:

403462683

Date Received:

07/13/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 5 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

Phone

Email

Romana Cowden

(970) 285-2600

COGCC.inspections@caerusoilandgas.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702501462

Inspection Date: 06/15/2023

FIR Submit Date: 06/16/2023

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: 336043

Location Name: Freedom Unit Number: 197-28A County: _____

Qtrqr: NWS Sec: 28 Twp: 1S Range: 97W Meridian: 6
W

Latitude: 39.934449 Longitude: -108.295900

FACILITY - API Number: 05-103- -00 Facility ID: 336043

Facility Name: Freedom Unit Number: 197-28A

Qtrqr: NWS Sec: 28 Twp: 1S Range: 97W Meridian: 6
W

Latitude: 39.934449 Longitude: -108.295900

CORRECTIVE ACTIONS:

4 ☒ CA# 173112

Corrective Action:

When no associated Tank battery is present at the Oil and Gas Location, the following information is required on the Well sign: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Well; Well name(s) and API number(s); The legal location of the Well(s) including the quarter/quarter section.

Date: 08/15/2023

Response: CA COMPLETED

Date of Completion: 07/11/2023

Operator
Comment: Sign was installed.

COGCC Decision: Approved pending re-inspection

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: 7/13/2023 6:58:19 AM

ATTACHMENT LIST

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

Document Number **Description**

403462683	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files