

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:

401509190

Date Received:

01/10/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 69175

Name of Operator: PDC ENERGY INC

Address: 1775 SHERMAN STREET - STE 3000

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name:

Phone: ( ) Fax: ( )

Email:

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jason Enfante</u>		<u>jason.enfante@pdce.com</u>
<u>Cynthia Stowell</u>		<u>cynthia.stowell@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689300518

Inspection Date: 12/15/2017

FIR Submit Date: 12/15/2017

FIR Status:

Inspected Operator Information:

Company Name: PDC ENERGY INC

Company Number: 69175

Address: 1775 SHERMAN STREET - STE 3000

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: 330537

Location Name: LORENZ FARMS-65N65W Number: 22SWNE County: WELD

Qtrqtr: SWNE Sec: 22 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.386766 Longitude: -104.646622

FACILITY - API Number: 05-123-00 Facility ID: 251453

Facility Name: LORENZ FARMS Number: 22-13

Qtrqtr: SWNE Sec: 22 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.386766 Longitude: -104.646622

CORRECTIVE ACTIONS:

1 CA# 113440

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. Control and contain spills/releases and clean up per Rule 906.a.

Date: 01/15/2018

Response: CA COMPLETED

Date of Completion: 01/10/2018

Operator Comment: Corrective Actions corrected

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 113441

Corrective Action:

Date: 02/15/2018

Response: CA COMPLETED

Date of Completion: 01/10/2018

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: Cynthia Stowell

Signed: \_\_\_\_\_

Title: EHS Professional

Date: 1/10/2018 11:41:29 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files