

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:
401523083
Date Received:
01/23/2018

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

Troy Patton

troy.patton@pdce.com

Cynthia Stowell

cynthia.stowell@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689300562

Inspection Date: 12/22/2017

FIR Submit Date: 12/22/2017

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: 319054

Location Name: LEFFLER-66N66W Number: 27NENE County: WELD

Qtrqr: NENE Sec: 27 Twp: 6N Range: 66W Meridian: 6

Latitude: 40.464965 Longitude: -104.756355

FACILITY - API Number: 05-123- -00 Facility ID: 242796

Facility Name: LEFFLER Number: 1-27

Qtrqr: NENE Sec: 27 Twp: 6N Range: 66W Meridian: 6

Latitude: 40.464965 Longitude: -104.756355

CORRECTIVE ACTIONS:

1 CA# 113604

Corrective Action: Comply with Rule 603.f .
For unused , unmarked flowline risers 24 hrs to lock out tag out, 30 days to remove
riser.

Date: 01/22/2018

Response: CA COMPLETED

Date of Completion: 01/22/2018

Operator Comment: Unused equipment has been removed from location.

COGCC Decision: _____

COGCC
Representative:

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2 CA# 113605

Corrective Action: Comply with Rule 603.f .

Date: 01/22/2018

Response: CA COMPLETED

Date of Completion: 01/22/2018

Operator
Comment:

New wellhead sign and battery sign in place to reflect correct Leffler numbers.

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COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions completed

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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: 1/23/2018 10:42:30 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files