

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:
401587920
Date Received:
03/27/2018

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>Erin Dougherty</u> | | <u>erin.dougherty@pdce.com</u> |
| <u>Cynthia Stowell</u> | | <u>cynthia.stowell@pdce.com</u> |
| <u>Kent Kennedy</u> | | <u>kent.kennedy@pdce.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 675000252

Inspection Date: 03/14/2018

FIR Submit Date: 03/14/2018

FIR Status:

Inspected Operator Information:

Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC

Company Number: 10261

Address: 730 17TH ST STE 500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 309794

Location Name: NOCO ENERGIE-66N65W Number: 3SWNW County: WELD

Qtrqr: SWN Sec: 3 Twp: 6N Range: 65W Meridian: 6
W

Latitude: 40.517420 Longitude: -104.656760

FACILITY - API Number: 05-123-00 Facility ID: 294479

Facility Name: NOCO ENERGIE Number: 12-3

Qtrqr: SWN Sec: 3 Twp: 6N Range: 65W Meridian: 6
W

Latitude: 40.517420 Longitude: -104.656760

CORRECTIVE ACTIIONS:

1 CA# 114853

Corrective Action: Install sign to comply with Rule 210.e.

Date: 04/06/2018

Response: CA COMPLETED

Date of Completion: 03/27/2018

Operator Comment: Corrective Actions Completed

COGCC Decision: _____

COGCC Representative: _____

2 CA# 114854

Corrective Action: Comply with Rule 603.f .

Date: 03/24/2018

Response: CA COMPLETED

Date of Completion: 03/24/2018

Operator Comment: Corrective Actions Completed

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: 3/27/2018 9:48:48 AM

ATTACHMENT LIST

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

| Document Number | Description |
|------------------------|--------------------|
| | |

Total Attach: 0 Files