

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:

401616288

Date Received:

04/23/2018

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 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>Phillip Porter</u>	<u>303-831-3965</u>	<u>aaron.clyncke@pdce.com</u> <u>phillip.porter@pdce.com</u> <u>ehscogccinspections@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 682503249

Inspection Date: 04/17/2018

FIR Submit Date: 04/18/2018

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: 323128

Location Name: TERESA-65N65W Number: 27NENW County: _____

Qtrqtr: NENW Sec: 27 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.375645 Longitude: -104.651818

FACILITY - API Number: 05-123-00 Facility ID: 323128

Facility Name: TERESA-65N65W Number: 27NENW

Qtrqtr: NENW Sec: 27 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.375645 Longitude: -104.651818

CORRECTIVE ACTIONS:

1 CA# 115956

Corrective Action: Perform reclamation in accordance to COGCC 1000 series reclamation rules including, but not limited to, removing gravel and performing compaction alleviation to a depth of 18 inches. All reclamation activities shall be completed no later than 10/15/2017

Date: 10/15/2017

Response: FACTUAL REVIEW REQUEST

Basis for Review: Requested documentation was submitted prior to the inspection

502.b variance request was submitted and in process prior to inspection.

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: Phillip Porter

Signed:

Title: EHS Complinance Specialist

Date: 4/23/2018 9:44:10 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