

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:

401961381

Date Received:

03/05/2019

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
Tyranny Bergin	970-313-5547	EHSCOGCCInspections@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679600436

Inspection Date: 02/28/2019

FIR Submit Date: 02/28/2019

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: 331338

Location Name: WITWER-65N64W Number: 6NESE County: WELD

Qtrqtr: NESE Sec: 6 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.426890 Longitude: -104.585940

FACILITY - API Number: 05-123-00 Facility ID: 260609

Facility Name: WITWER Number: 43-6

Qtrqtr: NESE Sec: 6 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.426890 Longitude: -104.585940

CORRECTIVE ACTIONS:

1 CA# 122859

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 03/28/2019

Response: CA COMPLETED

Date of Completion: 03/04/2019

Operator Comment: The berm has been inspected and confirmed to meet the requirements as per Rule 605.a.(4), at a certified height of 23 inches.

COGCC Decision: _____

COGCC
Representative:

2 CA# 122860

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

Date: 03/28/2019

Response: CA COMPLETED

Date of Completion: 03/04/2019

Operator Comment: New emergency number sticker applied to well head sign.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA's have been completed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tyranny Bergin

Signed:

Title: EHS Coordinator

Date: 3/5/2019 3:58:22 PM

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