

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:
402199600

Date Received:
10/04/2019

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: 679601543

Inspection Date: 09/10/2019

FIR Submit Date: 09/10/2019

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: 305291

Location Name: CLARK-67N65W Number: 27NWNW County: WELD

Qtrqr: NWN Sec: 27 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.552390 Longitude: -104.655780

FACILITY - API Number: 05-123- -00 Facility ID: 276280

Facility Name: CLARK Number: 11-27

Qtrqr: NWN Sec: 27 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.552390 Longitude: -104.655780

CORRECTIVE ACTIONS:

1 CA# 130404

Corrective Action: Install or repair berm or secondary devices per Rule 906.d.(1)

Date: 10/10/2019

Response: CA COMPLETED

Date of Completion: 09/26/2019

Operator Comment: Tank berm has been repaired. CA complete.

COGCC Decision: _____

COGCC Representative:			
2	CA# 130405		
Corrective Action:	Comply with Rule 603.f.		Date: <u>10/10/2019</u>
Response:	CA COMPLETED		Date of Completion: <u>09/26/2019</u>
Operator Comment:	Unused equipment from wellhead and meter house has been removed. CA complete.		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	Tank berm has been repaired. CA complete. Unused equipment from wellhead and meter house has been removed. CA complete.
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Tyranny Bergin</u>	Signed: _____
Title: <u>EHS Coordinator</u>	Date: <u>10/4/2019 9:44:10 AM</u>

ATTACHMENT LIST

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

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

Total Attach: 0 Files