

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:
402289994

Date Received:
01/20/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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: 679602124

Inspection Date: 01/07/2020

FIR Submit Date: 01/07/2020

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: 426589

Location Name: Cameron Number: 19-15 County: WELD

Qtrqr: NWS Sec: 15 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.571075 Longitude: -104.655393

FACILITY - API Number: 05-123- -00 Facility ID: 426586

Facility Name: Cameron Number: 19-15

Qtrqr: NWS Sec: 15 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.571075 Longitude: -104.655393

CORRECTIVE ACTIONS:

1 CA# 135746

Corrective Action: Comply with Rule 603.f.

Date: 02/07/2020

Response: CA COMPLETED

Date of Completion: 01/20/2020

Operator Comment: The risers are in "Out-of-Service" status and in compliance with Rule 1101.a.(3). These risers have been:

- Isolated from all oil, condensate, produced water, or natural gas,
- Evacuated and purged of all fluids, and
- OOSLAT has been applied.

CA completed.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: The risers are in "Out-of-Service" status and in compliance with Rule 1101.a.(3). These risers have been:

- Isolated from all oil, condensate, produced water, or natural gas,
- Evacuated and purged of all fluids, and
- OOSLAT has been applied.

CA 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: 1/20/2020 3:46:50 PM

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>
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Total Attach: 0 Files