

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:

402402193

Date Received:

05/19/2020

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>Tyranny Bergin</u>	<u>970-313-5547</u>	<u>EHSCOGCCInspections@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679602464

Inspection Date: 04/10/2020

FIR Submit Date: 04/10/2020

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: 333325

Location Name: Heinricy Number: NW-7 County: _____

Qtrqr: SWN Sec: 7 Twp: 5N Range: 67W Meridian: 6
W

Latitude: 40.417260 Longitude: -104.939920

FACILITY - API Number: 05-123- -00 Facility ID: 333325

Facility Name: Heinricy Number: NW-7

Qtrqr: SWN Sec: 7 Twp: 5N Range: 67W Meridian: 6
W

Latitude: 40.417260 Longitude: -104.939920

CORRECTIVE ACTIONS:

1 CA# 137894

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes per Rule 1002.f.(2).d.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 04/16/2020

Operator Comment: CA has been completed.

COGCC Decision: _____

COGCC Representative:

2 CA# 137895

Corrective Action: Comply with Rule 603.f.

Date: 06/10/2020

Response: CA COMPLETED

Date of Completion: 04/16/2020

Operator Comment:

CA has been completed.

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: 5/19/2020 3:42:55 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>

Total Attach: 0 Files