

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:
402402311

Date Received:
05/19/2020

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: 699101313

Inspection Date: 03/30/2020

FIR Submit Date: 03/30/2020

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: 436361

Location Name: Becker Ranch Number: 5J-HZ Pad County: _____

Qtrqr: NWN Sec: 5 Twp: 3N Range: 64W Meridian: 6
W

Latitude: 40.261170 Longitude: -104.581180

FACILITY - API Number: 05-123-00 Facility ID: 436361

Facility Name: Becker Ranch Number: 5J-HZ Pad

Qtrqr: NWN Sec: 5 Twp: 3N Range: 64W Meridian: 6
W

Latitude: 40.261170 Longitude: -104.581180

CORRECTIVE ACTIONS:

1 CA# 137542

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

Date: 06/05/2020

Response: CA COMPLETED

Date of Completion: 04/15/2020

Operator Comment: After going back in the paperwork associated with permitting for inception of this well the well name has always been 5E-323. Well has correct name and labeling. CA complete.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: After going back in the paperwork associated with permitting for inception of this well the well name has always been 5E-323. Well has correct name and labeling. 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: Tyranny Bergin

Signed: _____

Title: EHS Coordinator

Date: 5/19/2020 5:15:58 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