

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:

403430445

Date Received:

06/12/2023

FIR RESOLUTION FORM

Overall Status:

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: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

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: 699106732

Inspection Date: 05/25/2023

FIR Submit Date: 05/25/2023

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: PDC ENERGY INC

Company Number: 69175

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 465146

Location Name: Rio LC Pad Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqr: NWN Sec: 6 Twp: 1S Range: 67W Meridian: 6  
W

Latitude: 39.999575 Longitude: -104.940104

FACILITY - API Number: 05-001-00 Facility ID: 465146

Facility Name: Rio LC Pad Number: \_\_\_\_\_

Qtrqr: NWN Sec: 6 Twp: 1S Range: 67W Meridian: 6  
W

Latitude: 39.999575 Longitude: -104.940104

CORRECTIVE ACTIONS:

1 CA# 171677

Corrective Action: Comply with Rule 423 for a noise mitigation plan.

Date: 05/30/2023

Response: CA COMPLETED

Date of Completion: 05/26/2023

Operator Comment: Various measures have been put into place for sound mitigation. E-mails have been communicated about those changes to Adam Burns from a PDC representative. CA complete.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Various measures have been put into place for sound mitigation. E-mails have been communicated about those changes to Adam Burns from a PDC representative. 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: Safety Representative

Date: 6/12/2023 12:14:58 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files