

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403472122

Date Received:
07/20/2023

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: 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: 699106814

Inspection Date: 07/05/2023

FIR Submit Date: 07/05/2023

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: 445225

Location Name: Schaumburg Number: 5N64W17A County: _____

Qtrqr: SWN Sec: 17 Twp: 5N Range: 64W Meridian: 6
W

Latitude: 40.401999 Longitude: -104.580116

FACILITY - API Number: 05-123- -00 Facility ID: 445225

Facility Name: Schaumburg Number: 5N64W17A

Qtrqr: SWN Sec: 17 Twp: 5N Range: 64W Meridian: 6
W

Latitude: 40.401999 Longitude: -104.580116

CORRECTIVE ACTIONS:

1 CA# 174629

Corrective Action: Install sign to comply with Rule 605.h.

Date: 09/22/2023

Response: CA COMPLETED

Date of Completion: 07/14/2023

Operator Comment: Sign has been added to the fiberglass tank. CA complete.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

2 CA# 174630

Corrective Action: Comply with Rule 606

Date: 09/22/2023

Response: CA COMPLETED

Date of Completion: 07/14/2023

Operator Comment: Unused equipment has been picked up. CA complete.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Sign has been added to the fiberglass tank. Unused equipment has been picked up. CA's 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: 7/20/2023 8:01:19 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>
403472122	FIR RESOLUTION SUBMITTED
403472123	Schaumburg

Total Attach: 2 Files