

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403730371

Date Received:
03/25/2024

FIR RESOLUTION FORM

Overall Status:

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: 697008778

Inspection Date: 01/24/2024

FIR Submit Date: 01/24/2024

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: 328874

Location Name: MCCLELLAN-64N66W Number: 20NWSE County: _____

Qtrqtr: NWSE Sec: 20 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.295700 Longitude: -104.798494

FACILITY - API Number: 05-123-00 Facility ID: 328874

Facility Name: MCCLELLAN-64N66W Number: 20NWSE

Qtrqtr: NWSE Sec: 20 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.295700 Longitude: -104.798494

CORRECTIVE ACTIONS:

1 CA# 191312

Corrective Action: Comply with Rule 606.

Date: 02/29/2024

Response: CA COMPLETED

Date of Completion: 02/28/2024

Operator Comment: Removed dead vegetation around wellhead and replaced emergency contact sticker on wellhead sign. CA's complete.

COGCC Decision: _____

COGCC
Representative:

2 CA# 191313

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

Date: 02/29/2024

Response: CA COMPLETED

Date of Completion: 02/28/2024

Operator
Comment:

Removed dead vegetation around wellhead and replaced emergency contact sticker on wellhead sign. CA's complete.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Removed dead vegetation around wellhead and replaced emergency contact sticker on wellhead sign. 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: H&S Specialist-Operations

Date: 3/25/2024 2:38:17 PM

ATTACHMENT LIST

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

Document Number **Description**

403730377

McClellan

Total Attach: 1 Files