

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403235315

Date Received:
11/21/2022

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

ECMC 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>

ECMC INSPECTION SUMMARY:

FIR Document Number: 697601925
Inspection Date: 11/10/2022 FIR Submit Date: 11/15/2022 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: 319321

Location Name: RUPERT-64N65W Number: 9NWSE County: WELD
Qtrqtr: NWSE Sec: 9 Twp: 4N Range: 65W Meridian: 6
Latitude: 40.325157 Longitude: -104.665361

FACILITY - API Number: 05-123-00 Facility ID: 243273

Facility Name: RUPERT Number: 1
Qtrqtr: NWSE Sec: 9 Twp: 4N Range: 65W Meridian: 6
Latitude: 40.325157 Longitude: -104.665361

CORRECTIVE ACTIONS:

1 CA# 166119

Corrective Action: Comply with Rule 606. Date: 11/22/2022

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment belongs to the surface owner

Operator Comment: The weeds mentioned in the inspection are not at the facility but are part of the landowner's irrigation system. Please rescind this corrective action to reflect that.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Factual review submitted 11/21/2022 within the 7-day requirement. The weeds mentioned in the inspection are not at the facility but are part of the landowner's irrigation system. Please rescind this corrective action to reflect that.

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: 11/21/2022 8:59:16 AM

ATTACHMENT LIST

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

Document Number **Description**

403235315	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files