

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403812438

Date Received:
06/03/2024

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

ECMC 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

ECMC INSPECTION SUMMARY:

FIR Document Number: 713900068

Inspection Date: 11/02/2023

FIR Submit Date: 11/21/2023

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: 329914

Location Name: WEISS-64N67W Number: 34NWNW County: _____

Qtrqtr: NWN Sec: 34 Twp: 4N Range: 67W Meridian: 6
W

Latitude: 40.274244 Longitude: -104.884408

FACILITY - API Number: 05-123-00 Facility ID: 329914

Facility Name: WEISS-64N67W Number: 34NWNW

Qtrqtr: NWN Sec: 34 Twp: 4N Range: 67W Meridian: 6
W

Latitude: 40.274244 Longitude: -104.884408

CORRECTIVE ACTIONS:

1 CA# 188444

Corrective Action: Weed management and reseeding of disturbance areas using a seed mixture requested by the surface owner, or a mixture prescribed by the local county NRCS is required. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Ensure erosion controls are implemented to stabilize the seeded soil.

Date: 11/02/2023

Response: CA COMPLETED

Date of Completion: 05/23/2024

Mowed and seeded, will continue to monitor. CA complete.

Operator _____
Comment: _____

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Mowed and seeded, will continue to monitor. 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: H&S Specialist Date: 6/3/2024 10:13:25 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403812439	Weiss 1
403812440	Weiss 2
403812441	Weiss 3

Total Attach: 3 Files