

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:

403813359

Date Received:

06/04/2024

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

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

Tyranny Bergin

Phone

970-313-5547

Email

EHSCOGCCInspections@pdce.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 694100308

Inspection Date: 03/21/2024

FIR Submit Date: 03/25/2024

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: 336571

Location Name: BARNETT-65N66W Number: 20NWNW County: _____

Qtrqtr: NWN Sec: 20 Twp: 5N Range: 66W Meridian: 6
W

Latitude: 40.389930 Longitude: -104.810810

FACILITY - API Number: 05-123- -00 Facility ID: 336571

Facility Name: BARNETT-65N66W Number: 20NWNW

Qtrqtr: NWN Sec: 20 Twp: 5N Range: 66W Meridian: 6
W

Latitude: 40.389930 Longitude: -104.810810

CORRECTIVE ACTIONS:

1 CA# 193505

Corrective Action:

Comply with Rule 606.

Date: 04/08/2024

Response: CA COMPLETED

Date of Completion: 06/03/2024

Operator
Comment:

Repaired berm erosion around facility and graded facility. CA complete.

ECMC Decision: _____

ECMC
Representative:

2 CA# 193506

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 04/08/2024

Response: CA COMPLETED

Date of Completion: 06/03/2024

Operator
Comment:

Repiared berm erosion around facility and graded facility. CA complete.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Repiared berm erosion around facility and graded facility. 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: 6/4/2024 2:05:10 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>
------------------------	--------------------

403813370	Stugart/Barnett
-----------	-----------------

Total Attach: 1 Files