

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	Phone	Email
Tyranny Bergin	970-313-5547	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.

Document Number **Description**

403813370	Stugart/Barnett
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Total Attach: 1 Files