

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:
404325752

Date Received:
08/21/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 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

rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697011784

Inspection Date: 08/13/2025

FIR Submit Date: 08/13/2025

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: 433845

Location Name: Tailholt FD Pad Number: 11-25HN County: _____

Qtrqtr: NWN Sec: 11 Twp: 6N Range: 67W Meridian: 6
W

Latitude: 40.508317 Longitude: -104.868350

FACILITY - API Number: 05-123-00 Facility ID: 433845

Facility Name: Tailholt FD Pad Number: 11-25HN

Qtrqtr: NWN Sec: 11 Twp: 6N Range: 67W Meridian: 6
W

Latitude: 40.508317 Longitude: -104.868350

CORRECTIVE ACTIONS:

1 CA# 207171

Corrective Action: Comply with Rule 606

Date: 09/15/2025

Response: CA COMPLETED

Date of Completion: 08/21/2025

Operator Comment: Complied with Rule 606

ECMC Decision: _____

ECMC Representative:

2 CA# 207172

Corrective Action: Comply with Rule 606

Date: 09/15/2025

Response: CA COMPLETED

Date of Completion: 08/21/2025

Operator Comment: Complied with Rule 606

ECMC Decision: _____

ECMC Representative:

3 CA# 207173

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

Date: 09/15/2025

Response: CA COMPLETED

Date of Completion: 08/21/2025

Operator Comment: Complied with Rule 605.g.

ECMC Decision: _____

ECMC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed 3 of 4 Corrective Actions

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jeff White

Signed: _____

Title: HSE

Date: 8/21/2025 1:48:25 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>
404325752	FIR RESOLUTION SUBMITTED
404325762	photos

Total Attach: 2 Files