

State of Colorado Energy & Carbon Management Commission



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

Document Number:
404340845

Date Received:
09/03/2025

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

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rbucogccinspectionreports@chevron.onmicrosoft.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 719700004

Inspection Date: 08/05/2025

FIR Submit Date: 08/20/2025

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: 431674

Location Name: Dillard Number: 20M-HZ Pad County: _____

Qtrqtr: NWNE Sec: 20 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.564880 Longitude: -104.572800

FACILITY - API Number: 05-123-00 Facility ID: 431674

Facility Name: Dillard Number: 20M-HZ Pad

Qtrqtr: NWNE Sec: 20 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.564880 Longitude: -104.572800

CORRECTIVE ACTIONS:

1 CA# 207360

Corrective Action: **** Mitigate stained soil around Compressor(s).
Comply with Rules 905.e (Oily Waste) & 608.e (Mechanical Conditions).
See photo(s) #7.**

Date: 09/04/2025

Response: CA COMPLETED

Date of Completion: 09/03/2025

Operator Comment: Complied with Rule 905.e. and 608.e.

ECMC Decision: _____

ECMC
Representative:

2 CA# 207361

Corrective Action: *Remove, manage, & control overgrown vegetation around Battery site.
Comply with Rule 606.c.
See photo(s) #11.

Date: 09/04/2025

Response: CA COMPLETED

Date of Completion: 09/03/2025

Operator
Comment: Complied with Rule 606.c.

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed all Corrective Actions on well pad and production facility.

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: 9/3/2025 7:37:24 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>
404340846	photos
404340847	photos

Total Attach: 2 Files