

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:  
404428605

Date Received:  
11/08/2025

**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

Cholas, Nick

nick.cholas@state.co.us

. Inspections

rbucogccinspectionreports@chevron.onmicrosoft.com

Peterson, Dan

danpeterson@chevron.com

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 714300278

Inspection Date: 09/18/2025

FIR Submit Date: 09/24/2025

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:** \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqtr: NWNE Sec: 5 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.347272 Longitude: -104.800320

**FACILITY - API Number: 05-123-00 Facility ID: 491326**

Facility Name: Garcia 31-5 Number: \_\_\_\_\_

Qtrqtr: NWNE Sec: 5 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.347272 Longitude: -104.800320

**CORRECTIVE ACTIONS:**

**1** CA# 208330

Corrective Action: Operator shall provide all waste manifests as required by Rule 905.b.(3) for oily waste hauled off site for disposal.

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 11/08/2025

Complied with Rule 905.b.(3). See attachment. Manifests are also included on the Form 19 Supplemental closure request (document #404381873).

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

**OPERATOR COMMENT AND SUBMITTAL**

Comment: See attachment.

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: 11/8/2025 9:29:48 AM \_\_\_\_\_

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
404428605	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files