

# 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:  
404580325

Date Received:  
03/14/2026

## 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: <u>69175</u>	Contact Name and Telephone:
Name of Operator: <u>PDC ENERGY INC</u>	Name: _____
Address: <u>1099 18TH STREET SUITE 1500</u>	Phone: ( ) _____ Fax: ( ) _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
.		<a href="mailto:rbucogccinspectionreports@chevron.onmicrosoft.com">rbucogccinspectionreports@chevron.onmicrosoft.com</a>
.		<a href="mailto:dnr_ecmc_engineering@state.co.us">dnr_ecmc_engineering@state.co.us</a>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719700449  
 Inspection Date: 02/09/2026 FIR Submit Date: 02/11/2026 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: 414243

Location Name: WELLS RANCH Number: 44-12 County: WELD  
 Qtrqtr: SESE Sec: 12 Twp: 5N Range: 63W Meridian: 6  
 Latitude: 40.408130 Longitude: -104.378500

FACILITY - API Number: 05-123-00 Facility ID: 414239

Facility Name: WELLS RANCH Number: 44-12  
 Qtrqtr: SESE Sec: 12 Twp: 5N Range: 63W Meridian: 6  
 Latitude: 40.408130 Longitude: -104.378500

CORRECTIVE ACTIONS:

**1** CA# 210938

Corrective Action: \*Post emergency contact number with Company & Well Name at wellsite.  
Comply with Rule 605.d. (30-days).  
See photo(s) #1. Date: 03/16/2026

Response: CA COMPLETED Date of Completion: 03/14/2026

Operator Comment: Complied with Rule 605.d.

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

ECMC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: See photo.

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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: 3/14/2026 10:20:31 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 1 Files