

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401446232

Date Received:

10/31/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 69175

Name of Operator: PDC ENERGY INC

Address: 1775 SHERMAN STREET - STE 3000

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Cynthia Stowell</u>		<u>cynthia.stowell@pdce.com</u>
<u>Zack Liesenfeld</u>		<u>zack.liesenfeld@pdce.com</u>
<u>Ray Meisner</u>		<u>ray.meisner@pdce.com</u>
<u>Aaron Clyncke</u>		<u>aaron.clyncke@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689300300

Inspection Date: 10/23/2017

FIR Submit Date: 10/23/2017

FIR Status: _____

Inspected Operator Information:

Company Name: PDC ENERGY INC

Company Number: 69175

Address: 1775 SHERMAN STREET - STE 3000

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: 331761

Location Name: E.JOHNSON-65N67W Number: 2NENW County: WELD

Qtrqtr: NENW Sec: 2 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.434810 Longitude: -104.859610

FACILITY - API Number: 05-123-00 Facility ID: 265556

Facility Name: E.JOHNSON Number: 2-21

Qtrqtr: NENW Sec: 2 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.434810 Longitude: -104.859610

CORRECTIVE ACTIONS:

1 CA# 106754

Corrective Action: Comply with Rule 603.f .

Date: 11/02/2017

Response: CA COMPLETED

Date of Completion: 10/31/2017

Weeds have been controlled

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 106755

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 10/12/2017

Response: CA COMPLETED

Date of Completion: 10/30/2017

Operator
Comment:

Road has been repiared and BMPs have been corrected per Rule 1002.f.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions have been completed

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

Print Name: Cynthia Stowell

Signed:

Title: EHS Professional

Date: 10/31/2017 3:00:25 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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401446262	Corrective Actions Completed
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Total Attach: 1 Files