

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:
401542250
Date Received:
02/12/2018

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

Cynthia Stowell

cynthia.stowell@pdce.com

Kent Kennedy

kent.kennedy@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679700794

Inspection Date: 01/12/2018

FIR Submit Date: 01/12/2018

FIR Status: _____

Inspected Operator Information:

Company Name: BAYSWATER EXPLORATION & PRODUCTION LLC

Company Number: 10261

Address: 730 17TH ST STE 500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 419243

Location Name: Mojack Number: 28-C Pad County: _____

Qtrqr: NWNE Sec: 28 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.550647 Longitude: -104.553407

FACILITY - API Number: 05-123-00 Facility ID: 419243

Facility Name: Mojack Number: 28-C Pad

Qtrqr: NWNE Sec: 28 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.550647 Longitude: -104.553407

CORRECTIVE ACTIONS:

1 CA# 113970

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. and handle oily waste in accordance with Rule 907.e.

Date: 02/11/2018

Response: CA COMPLETED

Date of Completion: 02/11/2018

Operator
Comment:

Corrective Action Completed

COGCC Decision: _____

COGCC
Representative:

2 CA# 113971

Corrective Action: Repair and secure compressor walls to prevent continued maintenance issue

Date: 02/11/2018

Response: CA COMPLETED

Date of Completion: 02/11/2018

Operator
Comment:

Corrective Action Completed

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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: 2/12/2018 10:41:58 AM

ATTACHMENT LIST

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

Document Number **Description**

401542250	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files