

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:
401523083
Date Received:
01/23/2018

FIR RESOLUTION FORM

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
Troy Patton		troy.patton@pdce.com
Cynthia Stowell		cynthia.stowell@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689300562
Inspection Date: 12/22/2017 FIR Submit Date: 12/22/2017 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: 319054

Location Name: LEFFLER-66N66W Number: 27NENE County: WELD
Qtrqtr: NENE Sec: 27 Twp: 6N Range: 66W Meridian: 6
Latitude: 40.464965 Longitude: -104.756355

FACILITY - API Number: 05-123-00 Facility ID: 242796

Facility Name: LEFFLER Number: 1-27
Qtrqtr: NENE Sec: 27 Twp: 6N Range: 66W Meridian: 6
Latitude: 40.464965 Longitude: -104.756355

CORRECTIVE ACTIONS:

1 CA# 113604

Corrective Action: Comply with Rule 603.f .
For unused , unmarked flowline risers 24 hrs to lock out tag out, 30 days to remove riser.

Date: 01/22/2018

Response: CA COMPLETED Date of Completion: 01/22/2018

Operator Comment: Unused equipment has been removed from location.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 113605

Corrective Action: Comply with Rule 603.f .

Date: 01/22/2018

Response: CA COMPLETED

Date of Completion: 01/22/2018

Operator Comment: New wellhead sign and battery sign in place to reflect correct Leffler numbers.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions 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: 1/23/2018 10:42:30 AM

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>
401523083	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files