

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:

401724724

Date Received:

08/06/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Erin Dougherty</u>	<u>970-313-5541</u>	<u>ehscogccinspections@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701014

Inspection Date: 07/31/2018 FIR Submit Date: 08/01/2018 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: 319532

Location Name: SITZMAN-65N65W Number: 27NWSW County: _____

Qtrqr: NWS Sec: 27 Twp: 5N Range: 65W Meridian: 6
W

Latitude: 40.368575 Longitude: -104.656508

FACILITY - API Number: 05-123-00 Facility ID: 319532

Facility Name: SITZMAN-65N65W Number: 27NWSW

Qtrqr: NWS Sec: 27 Twp: 5N Range: 65W Meridian: 6
W

Latitude: 40.368575 Longitude: -104.656508

CORRECTIVE ACTIIONS:

1 CA# 117757

Corrective Action: Submit Form 27 Supplemental Site Investigation and Remediation Workplan to COGCC and include results of the excavation, treatment and backfill of impacted material. Include figures showing excavation footprint, soil sample locations and locations of proposed monitoring wells. Include schedule for monitoring well installation.

Date: 08/07/2018

Response: CA COMPLETED Date of Completion: 08/03/2018

Form 27 submitted on 8/3.

Operator Comment: _____

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: Erin Dougherty Signed: _____

Title: Safety Representative Date: 8/6/2018 7:13:41 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files