

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:
402172537

Date Received:
09/11/2019

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>Zack</u>	<u>Liesenfeld</u>	<u>zack.liesenfeld@pdce.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 697500334

Inspection Date: 07/17/2019 FIR Submit Date: 07/18/2019 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: 319511

Location Name: Zeiler Number: SW-7 Pad County: _____

Qtrqr: SWS Sec: 7 Twp: 5N Range: 67W Meridian: 6
W

Latitude: 40.409990 Longitude: -104.941200

FACILITY - API Number: 05-123-00 Facility ID: 319511

Facility Name: Zeiler Number: SW-7 Pad

Qtrqr: SWS Sec: 7 Twp: 5N Range: 67W Meridian: 6
W

Latitude: 40.409990 Longitude: -104.941200

CORRECTIVE ACTIIONS:

1 CA# 128254

Corrective Action: Install or repair required BMPs per Rule 1002.f. in accordance with good engineering practices. Corrective action remains open until resolved.
In addition, please submit a FIRR response with the following information of the installed wattles and erosion control blankets BMPs: purpose, description, application, material specifications, installation requirements and any other additional information.

Date: 06/10/2019

Response: CA COMPLETED Date of Completion: 08/30/2019

BMPs have been repaired or replaced with more permanent material.

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: Zack Liesenfeld

Signed:

Title: EHS Rep

Date: 9/11/2019 9:42:45 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>
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Total Attach: 12 Files