

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:

402501608

Date Received:

10/01/2020

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

Tyranny Bergin

970-313-5547

EHSCOGCCInspections@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697001482

Inspection Date: 06/23/2020

FIR Submit Date: 06/23/2020

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: 434539

Location Name: Peaks Number: K26-77-1HN County: _____
Mlti

Qtrqtr: NWN Sec: 35 Twp: 4N Range: 66W Meridian: 6
W

Latitude: 40.272193 Longitude: -104.749616

FACILITY - API Number: 05-123- -00 Facility ID: 457727

Facility Name: Peppler K-26 battery Number: _____

Qtrqtr: NWN Sec: 35 Twp: 4N Range: 66W Meridian: 6
W

Latitude: 40.272193 Longitude: -104.749616

CORRECTIVE ACTIONS:

1 CA# 139916

Corrective Action: Install sign to comply with Rule 210.d.

Date: 09/25/2020

Response: CA COMPLETED

Date of Completion: 09/22/2020

Operator Comment: VRT has been labeled. CA complete.

COGCC Decision: _____

COGCC
Representative:

2 CA# 139917

Corrective Action: Measure gas per Rule 329.

Date: 09/25/2020

Response: CA COMPLETED

Date of Completion: 09/22/2020

Operator
Comment: Meter card is updated. CA complete.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: VRT has been labeled. Meter card is updated. CA's complete.

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

Print Name: Tyranny Bergin

Signed: _____

Title: EHS Coordinator

Date: 10/1/2020 12:19:19 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files