

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:  
402698606

Date Received:  
05/24/2021

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

Tyranny Bergin

970-313-5547

EHSCOGCCInspections@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699502651

Inspection Date: 04/23/2021

FIR Submit Date: 04/23/2021

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: 440920

Location Name: Jacobucci Number: 1N67W32K County: WELD

Qtrqr: NWS Sec: 32 Twp: 1N Range: 67W Meridian: 6  
W

Latitude: 40.007020 Longitude: -104.920110

FACILITY - API Number: 05-123- -00 Facility ID: 441060

Facility Name: Jacobucci Number: 32K-443

Qtrqr: NWS Sec: 32 Twp: 1N Range: 67W Meridian: 6  
W

Latitude: 40.007020 Longitude: -104.920110

CORRECTIVE ACTIONS:

**1** CA# 150389

Corrective Action: Comply with annual bradenhead testing rules.

Date: 05/03/2021

Response: CA COMPLETED

Date of Completion: 03/08/2021

Operator Comment: Pad tests were completed on 03/08/2021 and were all under threshold. These will be reported via BH upload before the December due date. CA complete.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Pad tests were completed on 03/08/2021 and were all under threshold. These will be reported via BH upload before the December due date.  
CA 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: 5/24/2021 11:39:42 AM

**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