

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
403631464

Date Received:  
12/20/2023

FIR RESOLUTION FORM

Overall Status:

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: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

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: 697504751

Inspection Date: 07/05/2023

FIR Submit Date: 07/11/2023

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: PDC ENERGY INC

Company Number: 69175

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 423325

Location Name: Bestway Number: Pad County: \_\_\_\_\_

Qtrqtr: SENE Sec: 2 Twp: 5N Range: 66W Meridian: 6

Latitude: 40.431150 Longitude: -104.739369

FACILITY - API Number: 05-123-00 Facility ID: 423325

Facility Name: Bestway Number: Pad

Qtrqtr: SENE Sec: 2 Twp: 5N Range: 66W Meridian: 6

Latitude: 40.431150 Longitude: -104.739369

CORRECTIVE ACTIONS:

1 CA# 175105

Corrective Action: Comply with Rule 1002.f.(2) to install AND repair BMPs in accordance with good engineering practices. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved pursuant to Rule 1004.

Date: 07/05/2023

The corrective date is the date the location was observed out of compliance.

Response: CA COMPLETED

Date of Completion: 12/20/2023

Operator Comment: Erosion issues have been repaired. CA complete.

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Erosion issues have been repaired. CA complete.

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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: H&S Specialist-Operations

Date: 12/20/2023 9:29:36 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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

Total Attach: 0 Files