

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:
403980132

Date Received:
11/03/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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

+

cogccinspection@pdce.com

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cogccinspection@pdce.com

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cogccinspection@pdce.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717900049

Inspection Date: 09/27/2024

FIR Submit Date: 10/08/2024

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: 424475

Location Name: SRC Klein Number: 34-8D County: _____

Qtrqtr: SWSE Sec: 8 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.320788 Longitude: -104.914081

FACILITY - API Number: 05-123-00 Facility ID: 424475

Facility Name: SRC Klein Number: 34-8D

Qtrqtr: SWSE Sec: 8 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.320788 Longitude: -104.914081

CORRECTIVE ACTIONS:

1 CA# 199395

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1).

Date: 10/23/2024

Response: CA COMPLETED

Date of Completion: 11/01/2024

Operator Comment: Complied with Rule 912.d.(1).

ECMC Decision: _____

ECMC
Representative:

2 CA# 199396

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 10/22/2024

Response: CA COMPLETED

Date of Completion: 11/01/2024

Operator
Comment:

Complied with Rule 1002.f.(2)C

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed both Corrective Actions.

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

Print Name: Jeff White

Signed: _____

Title: HSE

Date: 11/3/2024 3:06:00 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403980134	photos
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Total Attach: 1 Files