

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:

404139802

Date Received:

03/25/2025

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

PDC, Legacy

rbucogccinspectionreports@chevron.com

Graber, Nikki

nikki.graber@state.co.us

Metz, Collin

collin.metz@state.co.us

Anderson, Laurel

laurel.anderson@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100116

Inspection Date: 02/25/2025

FIR Submit Date: 03/13/2025

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: 458732

Location Name: Elkhead-Vega Number: 3N65W6 1-32 County: _____

Qtrqtr: SWN Sec: 6 Twp: 3N Range: 65W Meridian: 6
W

Latitude: 40.256730 Longitude: -104.703478

FACILITY - API Number: 05-123-00 Facility ID: 489186

Facility Name: Elkhead Number: _____

Qtrqtr: SWN Sec: 6 Twp: 3N Range: 65W Meridian: 6
W

Latitude: 40.256730 Longitude: -104.703478

CORRECTIVE ACTIONS:

1 CA# 203270

Corrective Action: Comply with Rule 606. CA due date backlisted to the date the plastic bags appear to have been left on location.

Date: 01/29/2025

Response: CA COMPLETED

Date of Completion: 03/25/2025

Operator
Comment: Complied with Rule 606.

ECMC Decision: _____

ECMC
Representative: _____

2 CA# 203272

Corrective Action: Operator will provide notice to ECMC DJ Basin Environmental Supervisor Nikki Graber and to ECMC Area EPS via email at least 48 hours prior to any sampling events performed on location.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/25/2025

Operator
Comment: Complied with this request. See copy of communication in completed photos.

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed both Corrective Actions. Emailed completed photos and communication to Inspector due to I am unable to label and upload photos to the FIRR tool.

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: 3/25/2025 11:14:49 AM

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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Total Attach: 0 Files