

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:
401450923

Date Received:
11/06/2017

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
Cynthia Stowell		cynthia.stowell@pdce.com
Aaron Clyncke		aaron.clyncke@pdce.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689300338

Inspection Date: 10/26/2017

FIR Submit Date: 10/26/2017

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: 330681

Location Name: MOORE-65N67W Number: 13CSW County: WELD

Qtrqtr: CSW Sec: 13 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.395888 Longitude: -104.846256

FACILITY - API Number: 05-123-00 Facility ID: 251652

Facility Name: MOORE Number: 13-35

Qtrqtr: CSW Sec: 13 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.395888 Longitude: -104.846256

CORRECTIVE ACTIONS:

1 CA# 107600

Corrective Action: Comply with Rule 603.f .
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.

Date: 11/26/2017

Response: CA COMPLETED

Date of Completion: 10/26/2017

Operator Comment: Well is outside the 1000' feet from structures. Line has been pressure tested and valve plugged. Valve is locked out/tagged out with for future use tag and pressure test date applied. Riser will not be removed at this time. Photo of corrective action attached.

COGCC Decision: _____

COGCC
Representative:

2 CA# 107601

Corrective Action:

Date: 11/26/2017

Response: CA COMPLETED

Date of Completion: 11/06/2017

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Cynthia Stowell

Signed: _____

Title: EHS Professional

Date: 11/6/2017 12:39:31 PM

ATTACHMENT LIST

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

Document Number **Description**

Total Attach: 1 Files