

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:
403505906

Date Received:
08/22/2023

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: 701900716

Inspection Date: 09/07/2022

FIR Submit Date: 12/27/2022

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: 332451

Location Name: J & L FARMS-66N63W Number: 19SWNE County: _____

Qtrqr: SWNE Sec: 19 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.472920 Longitude: -104.478500

FACILITY - API Number: 05-123-00 Facility ID: 332451

Facility Name: J & L FARMS-66N63W Number: 19SWNE

Qtrqr: SWNE Sec: 19 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.472920 Longitude: -104.478500

CORRECTIVE ACTIONS:

1 CA# 166769

Corrective Action: Comply with Rule 1004. Collaborate with the landowner to allow reclamation work to be conducted in such a manner as to not interfere with agricultural activities or crop production.

Date: 09/07/2022

The corrective date is not intended to be the date for which the Operator shall complete the corrective actions but rather the corrective date is the date the location was observed out of compliance.

Response: CA COMPLETED

Date of Completion: 08/15/2023

Work for this request has been completed with submitting the variance and this FIRR. CA complete.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Work for this request has been completed with submitting the variance and this FIRR. 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: Safety Representative Date: 8/22/2023 4:07:43 PM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files