

MOC — Operational Change Form

Category (Orange or Red)		Supervisor	
Policy # (if applicable)		Operations Manager	
		Vice President	

Reason for Request	
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Hazard Assessment	
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Mitigation Method	
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Conditions from Supervisor/ OPSM/VP for Approval	
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Is this a time-based MOC? If yes, fill in the agreed End Date.

Yes

☐

No

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End Date

(All MOC Requests are event-based unless designated to a specific period of time. An example of a time-based MOC Request could be exceeding a certain percentage of equipment specifications for a given time period. MOC Requests that extend beyond the End Date require a new MOC Request be submitted for evaluation and approval.)

I have received the appropriate approvals before starting or continuing operations.

Completed MOC Forms are required to be emailed to your region-specific address below within 24 hours of initiating the MOC Request and maintained in the well file.

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Jobsite Manager

pdcmocRockies@patenergy.com
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