

**FORM
INSP**Rev
X/15**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

07/25/2019

Submitted Date:

07/29/2019

Document Number:

695101127**FIELD INSPECTION FORM**
 Loc ID 307421 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1801 BROADWAY SUITE 350City: DENVER State: CO Zip: 80202**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Distribution, Evergreen		cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150411	UIC DISPOSAL	AC	05/23/1997		-	PCW 4-5 SWDW	AC
217642	WELL	IJ	02/01/2017	DSPW	071-06421	PCW 12-4 WD	IJ

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type

Area

Volume

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Bradenhead

1

Comment: plumbed to surface

Corrective Action:

Date:

Venting:

Yes/No

NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected FacilitiesFacility ID: 150411 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 480UIC Routine

Inj./Tube: Pressure or inches of Hg -21 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 217642 Type: WELL API Number: 071-06421 Status: IJ Insp. Status: IJ**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695101136	LOCATION PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4893986