

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:

402133359

Date Received:

08/05/2019

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: 10705

Name of Operator: EVERGREEN NATURAL RESOURCES LLC

Address: 1801 BROADWAY SUITE 350

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Cheri Morgan

719-846-7898

cheri.morgan@enrllc.com

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101112

Inspection Date: 07/24/2019

FIR Submit Date: 07/24/2019

FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC

Company Number: 10705

Address: 1801 BROADWAY SUITE 350

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 307708

Location Name: WORM-634S66W Number: 36NWSE County: LAS ANIMAS

Qtrqtr: NWSE Sec: 36 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.040490 Longitude: -104.728770

FACILITY - API Number: 05-071- -00 Facility ID: 89246

Facility Name: WORM Number: 33-36

Qtrqtr: NWSE Sec: 36 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.040490 Longitude: -104.728770

CORRECTIVE ACTIONS:

1 CA# 128462

Corrective Action: IMEDIATELY CONTROL RELEASE, RESPOND TO SPILL AND CONTACT COGCC
EPS STAFF AND FILE SPILE REPORT AS REQUIRED BY RULE 906.

Date: 07/24/2019

Response: CA COMPLETED

Date of Completion: 07/23/2019

Operator
Comment: Spill was reported on a form 19 402123538

COGCC Decision: _____

COGCC
Representative:

2 CA# 128463

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 07/24/2019

Response: CA COMPLETED

Date of Completion: 07/23/2019

Operator
Comment: Packing was changed and all popes valves and fittings were double checked.

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: Cheri Morgan

Signed: _____

Title: Regulatory Specialist

Date: 8/5/2019 9:30:55 AM

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
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|-----------|-------------------------|
| 402133370 | Form 19 Inital Document |
|-----------|-------------------------|

Total Attach: 1 Files