

State of Colorado  
Oil and Gas Conservation Commission

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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
<u>Cheri Morgan</u>	<u>719-846-7898</u>	<u>cheri.morgan@enrllc.com</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

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>
402133370	Form 19 Inital Document

Total Attach: 1 Files