

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:  
402249602

Date Received:  
11/26/2019

## 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>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>
<u>Tom Beardslee</u>		<u>tom.beardslee@state.co.us</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 695100559  
Inspection Date: 04/29/2019 FIR Submit Date: 04/29/2019 FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: PIONEER NATURAL RESOURCES USA INC Company Number: 10084  
Address: 5205 N O'CONNOR BLVD STE 200  
City: IRVING State: TX Zip: 75039

### LOCATION - Location ID: 307660

Location Name: MOM-634S65W Number: 6NESW County: LAS ANIMAS  
Qtrqtr: NESW Sec: 6 Twp: 34S Range: 65W Meridian: 6  
Latitude: 37.111540 Longitude: -104.715000

### FACILITY - API Number: 05-071- -00 Facility ID: 89184

Facility Name: MOM Number: 23-6  
Qtrqtr: NESW Sec: 6 Twp: 34S Range: 65W Meridian: 6  
Latitude: 37.111540 Longitude: -104.715000

### CORRECTIVE ACTIONS:

1 CA# 124689

Corrective Action: Provide COGCC with documentaton showing approval of use of vacuum pump. Date: 05/07/2019

Response: CA COMPLETED Date of Completion: 07/31/2019

Operator Comment: Cogcc 402084706 vacuum

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 124690

Corrective Action: 

Comply with Rule 603.f .

Date: 05/29/2019

Response: CA COMPLETED

Date of Completion: 05/08/2019

Operator  
Comment:

Complied with Rule 603.f

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: 

No photos of the CA are available currently

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: 11/26/2019 6:19:16 PM

**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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Total Attach: 0 Files