

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:
402252928

Date Received:
12/03/2019

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100877
Inspection Date: 06/12/2019 FIR Submit Date: 06/12/2019 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: 308095

Location Name: Face Off Number: 23-24 Tr County: LAS ANIMAS
Qtrqr: NESW Sec: 24 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.154940 Longitude: -104.842290

FACILITY - API Number: 05-071- -00 Facility ID: 261531

Facility Name: FACE OFF Number: 23-24
Qtrqr: NESW Sec: 24 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.154940 Longitude: -104.842290

CORRECTIVE ACTIONS:

1 CA# 126099

Corrective Action: COMPLY WITH RULE 603.f.

Date: 07/12/2019

Response: CA COMPLETED

Date of Completion: 06/21/2019

Operator
Comment: Complied with Rule 603.f.

COGCC Decision: _____

COGCC
Representative:

2 CA# 126100

Corrective Action: Remove and dispose impacted material in approved manner, service and maintain equipment and self inspect to prevent recurrence of conditions per 1002.f(2) and 907.

Date: 07/12/2019

Response: CA COMPLETED

Date of Completion: 06/21/2019

Operator
Comment:

Removed and disposed of impacted material and will prevent recurrence of conditions per 1002.f(2) and 907

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: 12/3/2019 4:01:15 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