

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
402259310

Date Received:  
12/10/2019

## 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: 695100135  
Inspection Date: 02/06/2019 FIR Submit Date: 02/06/2019 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: 308376

Location Name: KJTD-633S66W Number: 16NWSE County: LAS ANIMAS  
Qtrqtr: NWSE Sec: 16 Twp: 33S Range: 66W Meridian: 6  
Latitude: 37.170460 Longitude: -104.783130

### FACILITY - API Number: 05-071- -00 Facility ID: 270339

Facility Name: KJTD Number: 33-16  
Qtrqtr: NWSE Sec: 16 Twp: 33S Range: 66W Meridian: 6  
Latitude: 37.170460 Longitude: -104.783130

### CORRECTIVE ACTIONS:

1 CA# 122358

Corrective Action: REMOVE UNUSED EQUIPMENT. Comply with Rule 603.f.

Date: 04/16/2018

Response: CA COMPLETED

Date of Completion: 02/09/2019

Operator Comment: Removed Unused Equipment to comply with Rule 603.f.

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

COGCC  
Representative:

**2** CA# 122359

Corrective Action: Install sign to comply with Rule 210.b.

Date: 03/06/2019

Response: CA COMPLETED

Date of Completion: 02/09/2019

Operator  
Comment: Installed sign to comply with Rule 210.b

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

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Photo

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: 12/10/2019 12:25:53 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402259313	KJTD
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Total Attach: 1 Files