

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:
402336212

Date Received:
03/09/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100601
Inspection Date: 05/06/2019 FIR Submit Date: 05/06/2019 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: 308154

Location Name: TOP GEAR-634S65W Number: 21SWSW County: LAS ANIMAS
Qtrqr: SWS Sec: 21 Twp: 34S Range: 65W Meridian: 6
W
Latitude: 37.063640 Longitude: -104.682450

FACILITY - API Number: 05-071- -00 Facility ID: 263049

Facility Name: TOP GEAR Number: 14-21
Qtrqr: SWS Sec: 21 Twp: 34S Range: 65W Meridian: 6
W
Latitude: 37.063640 Longitude: -104.682450

CORRECTIVE ACTIONS:

1 CA# 124929

Corrective Action: Comply with Rule 603.f . Date: 06/06/2019

Response: CA COMPLETED Date of Completion: 05/30/2019

Operator Comment: IMPACTED SOIL NEAR WELLHEAD NO LEAK OBSERVED AT TIME OF INSPECTION

COGCC Decision: _____

COGCC
Representative:

2 CA# 124930

Corrective Action:

Date: 07/06/2019

Response: CA COMPLETED

Date of Completion: 05/30/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 124931

Corrective Action:

Date: 05/07/2019

Response: CA COMPLETED

Date of Completion: 05/30/2019

Operator
Comment:

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: 3/9/2020 11:13:41 AM

ATTACHMENT LIST

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

| Document Number | Description |
|------------------------|--------------------|
| 402336228 | TOP GEAR 14-21 #1 |
| 402336233 | TOP GEAR 14-21 #2 |
| 402336242 | TOP GEAR 14-21 #3 |

Total Attach: 3 Files