

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:

402361377

Date Received:

04/03/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

Tom Beardslee

tom.beardslee@state.co.us

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101731

Inspection Date: 11/14/2019

FIR Submit Date: 11/15/2019

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: 334219

Location Name: LADYHAWKE-632S67W Number: 31NENE County: LAS ANIMAS

Qtrqr: NENE Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.221800 Longitude: -104.924320

FACILITY - API Number: 05-071- -00 Facility ID: 288536

Facility Name: LADYHAWKE Number: 41-31 TR

Qtrqr: NENE Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.221800 Longitude: -104.924320

CORRECTIVE ACTIONS:

1 CA# 134567

Corrective Action: IMMEDIATELY STOP DRAINING FUEL GAS SEPARATOR IN LOCATION, 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: 12/14/2019

Response: CA COMPLETED

Date of Completion: 12/19/2019

Operator Comment: Stopped draining fuel gas separator in location. Removed and disposed impacted material serviced and maintained equipment self inspected to prevent recurrence of conditions per 1002.f(2) and 907

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Photos

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Susan Wolfram

Signed: _____

Title: Sr. Safety Coordinator

Date: 4/3/2020 9:23:20 AM

ATTACHMENT LIST

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

Document Number **Description**

402361406	LADYHAWKE 41-31 TR
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Total Attach: 1 Files