

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
<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: 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  
Qtrqtr: 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  
Qtrqtr: NENE Sec: 31 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.221800 Longitude: -104.924320

CORRECTIVE ACTION:

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:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please see attached Photos

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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