

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:
402367216

Date Received:
04/09/2020

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>Kosola, Jason</u>		<u>jason.kosola@state.co.us</u>
<u>Tom Beardslee</u>		<u>tom.beardslee@state.co.us</u>
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901631
Inspection Date: 01/06/2020 FIR Submit Date: 01/07/2020 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: 309309

Location Name: ERCILIA-633S66W Number: 8NESE County: LAS ANIMAS
Qtrqtr: NESE Sec: 8 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.185060 Longitude: -104.797570

FACILITY - API Number: 05-071- -00 Facility ID: 291815

Facility Name: ERCILIA Number: 43-8
Qtrqtr: NESE Sec: 8 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.185060 Longitude: -104.797570

CORRECTIVE ACTIONS:

1 CA# 135756

Corrective Action: Contact COGCC EPS staff for directives.

Date: 04/30/2018

Response: CA COMPLETED

Date of Completion: 01/29/2020

The liner in the pit is torn and degraded. Sign posted says "Pit In Process for Closure". This was also documented in the previous inspection performed in 2018. Previous corrective action date remains. Corrective action must be

Operator Comment: performed immediately. The Liner in the pit has been replaced

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: 4/9/2020 4:02:56 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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402367224	ERCILIA 43-8
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Total Attach: 1 Files