

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:
402371626

Date Received:
04/15/2020

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: 695102353
Inspection Date: 03/25/2020 FIR Submit Date: 03/25/2020 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: 308082

Location Name: VERN-632S67W Number: 8NWSE County: LAS ANIMAS
Qtrqtr: NWSE Sec: 8 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.272350 Longitude: -104.910050

FACILITY - API Number: 05-071- -00 Facility ID: 260987

Facility Name: VERN Number: 33-8
Qtrqtr: NWSE Sec: 8 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.272350 Longitude: -104.910050

CORRECTIVE ACTIONS:

1 CA# 137430

Corrective Action: Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 907A. CA DATE REMAINS THE SAME DATE ON THE ORIGINAL INSPECTION DOC#695102044.

Date: _____

Response: CA COMPLETED Date of Completion: 04/02/2020

Operator Comment: Non E&P waste is now properly stored, handled, transported and treated, or disposed of per Rule 907A

COGCC Decision: _____

COGCC
Representative:

2 CA# 137431

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

Date: 04/25/2020

Response: CA COMPLETED

Date of Completion: 04/02/2020

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

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: 4/15/2020 3:09:47 PM

ATTACHMENT LIST

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

Document Number **Description**

402371637	Vern 33-8
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Total Attach: 1 Files