

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:
402384681

Date Received:
04/29/2020

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: 695102635
Inspection Date: 04/16/2020 FIR Submit Date: 04/17/2020 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: 334111

Location Name: LOEWS-632S67W Number: 32NENE County: LAS ANIMAS
Qtrqtr: NENE Sec: 32 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.220510 Longitude: -104.902220

FACILITY - API Number: 05-071-00 Facility ID: 282903

Facility Name: LOEWS Number: 41-32
Qtrqtr: NENE Sec: 32 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.220510 Longitude: -104.902220

CORRECTIVE ACTIONS:

1 CA# 138116

Corrective Action: PROVIDE COGCC WITH DOCUMENTATION WITH COGCC APPROVAL. Date: 05/01/2020

Response: CA COMPLETED Date of Completion: 04/27/2020

Operator Comment: Properly labeled the Vacuum and the COGCC approval Document #402103777 on 8-5-19

COGCC Decision: **Not Approved**

COGCC Representative: AN IMAGE OF A STICKER PLACED ON THE COMPRESSOR IS NOT AN APPROVAL METHOD I CAN USE. YOU WOULD NEED TO SUBMIT A COPY OF THE APPROVED FORM 4 SUNDRY NOTICE OR AT LEAST THE DOCUMENT NUMBER OF THE FORM 4 IN ORDER FOR ME TO APPROVE.

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: 4/29/2020 12:55:26 PM

ATTACHMENT LIST

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

Document Number	Description
402384681	FIR RESOLUTION SUBMITTED
402384685	Loews 41-32 and Tr

Total Attach: 2 Files