

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:  
402434790

Date Received:  
06/30/2020

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: 1875 LAWRENCE ST STE 1150  
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: 695100814  
Inspection Date: 06/06/2019 FIR Submit Date: 06/06/2019 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: 308987

Location Name: BEM-633S66W Number: 19SWNE County: LAS ANIMAS  
Qtrqtr: SWNE Sec: 19 Twp: 33S Range: 66W Meridian: 6  
Latitude: 37.157900 Longitude: -104.819830

FACILITY - API Number: 05-071- -00 Facility ID: 286230

Facility Name: BEM Number: 32-19  
Qtrqtr: SWNE Sec: 19 Twp: 33S Range: 66W Meridian: 6  
Latitude: 37.157900 Longitude: -104.819830

CORRECTIVE ACTIONS:

1 CA# 125923

Corrective Action: 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: 07/06/2019

Response: CA COMPLETED Date of Completion: 07/05/2019

Operator Comment: Removed and disposed of impacted material and will 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: 6/30/2020 1:35:33 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402434796	BEM 32-19
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Total Attach: 1 Files