

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:

402442576

Date Received:

07/13/2020

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: 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

Tom Beardslee

tom.beardslee@state.co.us

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101516

Inspection Date: 10/11/2019

FIR Submit Date: 10/11/2019

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: 308354

Location Name: BIG MEADOW-633S66W Number: 4SWSE County: LAS ANIMAS

Qtrqtr: SWSE Sec: 4 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.195390 Longitude: -104.781090

FACILITY - API Number: 05-071-00 Facility ID: 268482

Facility Name: BIG MEADOW Number: 34-4

Qtrqtr: SWSE Sec: 4 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.195390 Longitude: -104.781090

CORRECTIVE ACTIONS:

1 CA# 131620

Corrective Action: COMPLY WITH 603.f.

Date: 10/18/2019

Response: CA COMPLETED

Date of Completion: 10/18/2019

Operator Comment: Removed insulation on sound wall and clean up trash to comply with 603.f.

COGCC Decision: _____

COGCC
Representative:

2 CA# 131621

Corrective Action: Properly treat or dispose of oily waste in accordance with 907.e. CA DATE 11-11-19.

Date: 11/11/2019

Response: CA COMPLETED

Date of Completion: 11/11/2019

Operator
Comment: Disposed of oily waster in accordance with 907.e.

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: 7/13/2020 6:08:06 PM

ATTACHMENT LIST

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

Document Number **Description**

402442577	Big Meadow 34-4
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Total Attach: 1 Files