

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402509871

Date Received:
10/13/2020

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>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
<u>Inspections, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700600168
Inspection Date: 09/29/2020 FIR Submit Date: 10/01/2020 FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705
Address: 1875 LAWRENCE ST STE 1150
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: SESE Sec: 5 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.194660 Longitude: -104.906240

FACILITY - API Number: 05-071- -00 Facility ID: 478196

Facility Name: Vallejo 44-5 V Number: _____
Qtrqtr: SESE Sec: 5 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.194660 Longitude: -104.906240

CORRECTIVE ACTIONS:

1 CA# 142466

Corrective Action:

Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b Operator shall obtain water samples from spill location, wellhead and background location and submit on a Form 19 Supplemental. CA date is for first Form 19 Supplemental submission.

Date: 10/08/2020

Response: CA COMPLETED Date of Completion: 10/07/2020

Form 19 Submitted Initial 402499942 Supplemental 402504904

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

Operator submitted Form 19 as required.

OPERATOR COMMENT AND SUBMITTAL

Comment: Form 19 Submitted Initial 402499942 Supplemental 402504904

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: 10/13/2020 4:10:16 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>
402509871	FIR RESOLUTION SUBMITTED
402510088	Initial 402499942
402510089	Supplemental 402504904

Total Attach: 3 Files