

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:

402512945

Date Received:

10/16/2020

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

Tom Beardslee

tom.beardslee@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103385

Inspection Date: 10/14/2020

FIR Submit Date: 10/14/2020

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: 307318

Location Name: MEDIDA-633S66W Number: 10SESE County: LAS ANIMAS

Qtrqtr: SESE Sec: 10 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.181180 Longitude: -104.759670

FACILITY - API Number: 05-071- -00 Facility ID: 217447

Facility Name: MEDIDA Number: 44-10

Qtrqtr: SESE Sec: 10 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.181180 Longitude: -104.759670

CORRECTIVE ACTIONS:

1 CA# 142721

Corrective Action: REMOVE OR MARK AND LO/TO RISER, COMPLY WITH RULE 603.f.

Date: 01/14/2021

Response: CA COMPLETED

Date of Completion: 10/15/2020

Operator Comment: Removed and LO/TO Riser to comply with Rule 603.f

COGCC Decision: _____

COGCC
Representative:

2 CA# 142722

Corrective Action: REMOVE UNUSED EQUIPMENT, COMPLY WITH RULE 603.f.

Date: 01/14/2021

Response: CA COMPLETED

Date of Completion: 10/15/2020

Operator
Comment: Used unused equipment properly to comply with Rule 603.f.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's

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: 10/16/2020 11:15:02 AM

ATTACHMENT LIST

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

Document Number **Description**

402512955	Medida 44-10
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Total Attach: 1 Files