

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402373397

Date Received:
10/22/2020

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
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100768
Inspection Date: 05/30/2019 FIR Submit Date: 05/30/2019 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: 308956

Location Name: BLACK BUCK-635S65W Number: 6NENW County: LAS ANIMAS
Qtrqr: NENW Sec: 6 Twp: 35S Range: 65W Meridian: 6
Latitude: 37.032480 Longitude: -104.715890

FACILITY - API Number: 05-071-00 Facility ID: 285622

Facility Name: BLACK BUCK Number: 21-6
Qtrqr: NENW Sec: 6 Twp: 35S Range: 65W Meridian: 6
Latitude: 37.032480 Longitude: -104.715890

CORRECTIVE ACTIIONS:

1 CA# 125739

Corrective Action: REPAIR OR INSTALL BMP'S TO PREVENT EROSION IN ACCORDANCE WITH 1002 SERIES RULES. Date: 06/30/2019

Response: CA COMPLETED Date of Completion: 10/07/2019

Operator Comment: Repaired and installed BMP's to prevent erosion in accordance with 1002 series rules

COGCC Decision: _____

COGCC
Representative:

2 CA# 125740

Corrective Action: CHANGE OPERATOR NAME TO CURRENT OPERATOR IN ACCORDANCE WITH
RULE 210.

Date: 07/30/2019

Response: CA COMPLETED

Date of Completion: 07/30/2019

Operator
Comment: Changed operator name to current operator in accordance with Rule 210

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see 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: 10/22/2020 1:26:39 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>
402516312	Black Buck 21-6 WO
402516930	Black Buck 21-6 Sign
402516937	Black Buck Pictures of BMP's

Total Attach: 3 Files