

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:
402540698

Date Received:
11/25/2020

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: 695102883
Inspection Date: 06/03/2020 FIR Submit Date: 06/03/2020 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: 308402

Location Name: LORENCITO-634S66W Number: 17SWSW County: LAS ANIMAS
Qtrqr: SWS Sec: 17 Twp: 34S Range: 66W Meridian: 6
W
Latitude: 37.079970 Longitude: -104.809540

FACILITY - API Number: 05-071- -00 Facility ID: 271222

Facility Name: LORENCITO Number: 13-17-34-66
Qtrqr: SWS Sec: 17 Twp: 34S Range: 66W Meridian: 6
W
Latitude: 37.079970 Longitude: -104.809540

CORRECTIVE ACTIONS:

1 CA# 139618

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

Date: 09/03/2020

Response: CA COMPLETED

Date of Completion: 09/03/2020

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

COGCC Decision: _____

COGCC
Representative:

2 CA# 139619

Corrective Action: REMOVE UNUSED EQUIPMENT COMPLY WITH NTO AND RULE 603.F.

Date: 09/03/2020

Response: CA COMPLETED

Date of Completion: 09/03/2020

Operator
Comment: Removed unused equipment 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: 11/25/2020 12:50:18 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 1 Files