

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:
402544109

Date Received:
12/01/2020

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: 695103377
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: 333389

Location Name: CROCKET-633S66W Number: 4NWNW County: LAS ANIMAS
Qtrqr: NWN Sec: 4 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.205149 Longitude: -104.789763

FACILITY - API Number: 05-071- -00 Facility ID: 284520

Facility Name: CROCKET Number: 11-4
Qtrqr: NWN Sec: 4 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.205149 Longitude: -104.789763

CORRECTIVE ACTIONS:

1 CA# 142718

Corrective Action: COMPLY WITH RULE 603.f.

Date: 11/15/2020

Response: CA COMPLETED

Date of Completion: 11/13/2020

Operator Comment: Complied with Rule 603.f.

COGCC Decision: _____

COGCC
Representative:

2 CA# 142719

Corrective Action: MAINTAIN WEEDS/VEGETATION IN ACCORDANCE WITH GOOD HOUSEKEEPING
RULE 603.f.

Date: 10/30/2020

Response: CA COMPLETED

Date of Completion: 10/29/2020

Operator
Comment:

Removed Weeds and vegetation in accordance with Good Housekeeping 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: 12/1/2020 5:02:53 PM

ATTACHMENT LIST

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

Document Number **Description**

402544110	Crocket 11-4 and Tr
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Total Attach: 1 Files