

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:

402559502

Date Received:

12/22/2020

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101404

Inspection Date: 09/24/2019

FIR Submit Date: 09/24/2019

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: 333522

Location Name: GIVENS-632S67W Number: 25SESW County: LAS ANIMAS

Qtrqr: SESW Sec: 25 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.225370 Longitude: -104.842710

FACILITY - API Number: 05-071- -00 Facility ID: 217530

Facility Name: GIVENS Number: 24-25

Qtrqr: SESW Sec: 25 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.225370 Longitude: -104.842710

CORRECTIVE ACTIONS:

1 CA# 131005

Corrective Action: POST WELL SIGHT AS PER RULE 210.b.

Date: 10/24/2019

Response: CA COMPLETED

Date of Completion: 11/03/2020

Operator Comment: Posted well sight sign as per rule 210.b.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 131006

Corrective Action: PLUG RISER WITHIN 24 HOURS OF THIS NOTIFICATION AND REMOVE UNUSED RISER PER 603.f. AND NTO PERTAINING TO UNUSED RISERS.

Date: 10/24/2019

Response: CA COMPLETED

Date of Completion: 10/11/2019

Operator  
Comment: Removed unused riser by Sammy Sisneros

COGCC Decision:

COGCC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo

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: 12/22/2020 4:34:55 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>
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402559504	Givens 24-25
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Total Attach: 1 Files