

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:

402574289

Date Received:

01/13/2021

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: 695100607

Inspection Date: 05/07/2019

FIR Submit Date: 05/07/2019

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: 308895

Location Name: TONKS-632S65W Number: 33SESE County: LAS ANIMAS

Qtrqr: SESE Sec: 33 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.211000 Longitude: -104.670860

FACILITY - API Number: 05-071- -00 Facility ID: 284573

Facility Name: TONKS Number: 44-33

Qtrqr: SESE Sec: 33 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.211000 Longitude: -104.670860

CORRECTIVE ACTIONS:

1 CA# 124951

Corrective Action: Install sign to comply with Rule 210.b.

Date: 07/07/2019

Response: CA COMPLETED

Date of Completion: 05/08/2019

Operator Comment: Corrected sign to comply with rule 210.b.

COGCC Decision: _____

COGCC
Representative:

2 CA# 124952

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 06/07/2019

Response: CA COMPLETED

Date of Completion: 06/07/2019

Operator
Comment: Installed northwest anchor to comply with rule 1003.a

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo and inspection 695103788

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: 1/13/2021 4:47:27 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>
402574295	Tonks 44-33
402574297	Tonks 44-33 Inspection

Total Attach: 2 Files