

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:
402577654

Date Received:
01/18/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Duran, Alicia</u>		<u>alicia.duran@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103570
Inspection Date: 11/18/2020 FIR Submit Date: 11/18/2020 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: 333428

Location Name: PENCIL-633S66W Number: 20SWNE County: LAS ANIMAS
Qtrqtr: SWNE Sec: 20 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.158920 Longitude: -104.803330

FACILITY - API Number: 05-071- -00 Facility ID: 292137

Facility Name: PENCIL Number: 32-20
Qtrqtr: SWNE Sec: 20 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.158920 Longitude: -104.803330

CORRECTIVE ACTIONS:

1 CA# 144458

Corrective Action: CONTACT AREA ENGINEER ALICIA DURAN (alicia.duran@state.co.us) FOR DIRECTIVE. Date: 11/20/2020

Response: CA COMPLETED Date of Completion: 11/20/2020

Operator Comment: MIT is not need till 07-26-2021, please see attached documentation. Used information from the P&A well the Pencil 32-20 not the information from the Pencil 32-20 TR

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached documentation

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: 1/18/2021 4:00:23 PM

ATTACHMENT LIST

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

Document Number **Description**

402577658	Pencil 32-20 TR
-----------	-----------------

Total Attach: 1 Files