

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:
402490954

Date Received:
09/16/2020

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>Distribution, Evergreen</u> | | <u>cogcc.evergreen@enrllc.com</u> |
| <u>Tom Beardslee</u> | | <u>tom.beardslee@state.co.us</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101518
Inspection Date: 10/11/2019 FIR Submit Date: 10/11/2019 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: 308241

Location Name: LEROY-633S66W Number: 3NWSE County: LAS ANIMAS
Qtrqtr: NWSE Sec: 3 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.198590 Longitude: -104.763520

FACILITY - API Number: 05-071- -00 Facility ID: 264657

Facility Name: LEROY Number: 33-3
Qtrqtr: NWSE Sec: 3 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.198590 Longitude: -104.763520

CORRECTIVE ACTIONS:

1 CA# 131622

Corrective Action: REMOVE ALL UNUSED EQUIPMENT FROM LOCATION. COMPLY WITH RULE 603.f. CA DATE 11-11-19

Date: 11/11/2019

Response: CA COMPLETED

Date of Completion: 10/22/2019

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

COGCC Decision: Approved pending re-inspection

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: 9/16/2020 3:38:27 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> |
|-------------------------------|---------------------------|
| 402490954 | FIR RESOLUTION SUBMITTED |
| 402490958 | LEROY 33-3 |

Total Attach: 2 Files