

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:

402491006

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

Tom Beardslee

tom.beardslee@state.co.us

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101811

Inspection Date: 11/21/2019

FIR Submit Date: 11/21/2019

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: 307319

Location Name: MADRID-633S66W Number: 12SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 12 Twp: 33S Range: 66W Meridian: 6
W

Latitude: 37.181490 Longitude: -104.738910

FACILITY - API Number: 05-071- -00 Facility ID: 217449

Facility Name: MADRID Number: 14-12

Qtrqr: SWS Sec: 12 Twp: 33S Range: 66W Meridian: 6
W

Latitude: 37.181490 Longitude: -104.738910

CORRECTIVE ACTIONS:

1 ☒ CA# 134813

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 603.f. THIS IS THE 2ND NOTICE OF
UNUSED EQUIPMENT IF CA IS NOT ADDRESSED PRIOR TO NEXT INSPECTION
ENFORCEMENT WILL BE CONSIDERED.

Date: 01/21/2020

Response: CA COMPLETED

Date of Completion: 01/21/2020

Removed unused equipment to complied with Rule 603.f

Operator
Comment:

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 4:01:20 PM

ATTACHMENT LIST

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

Document Number **Description**

402491006	FIR RESOLUTION SUBMITTED
402491013	MADRID 14-12

Total Attach: 2 Files