

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:
402512945

Date Received:
10/16/2020

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
Tom Beardslee		tom.beardslee@state.co.us
Distribution, Evergreen		cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103385
Inspection Date: 10/14/2020 FIR Submit Date: 10/14/2020 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: 307318

Location Name: MEDIDA-633S66W Number: 10SESE County: LAS ANIMAS
Qtrqtr: SESE Sec: 10 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.181180 Longitude: -104.759670

FACILITY - API Number: 05-071-00 Facility ID: 217447

Facility Name: MEDIDA Number: 44-10
Qtrqtr: SESE Sec: 10 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.181180 Longitude: -104.759670

CORRECTIVE ACTIONS:

1 CA# 142721

Corrective Action: REMOVE OR MARK AND LO/TO RISER, COMPLY WITH RULE 603.f. Date: 01/14/2021

Response: CA COMPLETED Date of Completion: 10/15/2020

Operator Comment: Removed and LO/TO Riser to comply with Rule 603.f

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 142722

Corrective Action: REMOVE UNUSED EQUIPMENT, COMPLY WITH RULE 603.f.

Date: 01/14/2021

Response: CA COMPLETED

Date of Completion: 10/15/2020

Operator Comment: Used unused equipment properly to comply with Rule 603.f.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's

[Empty text box for comment details]

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: 10/16/2020 11:15:02 AM

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>
402512945	FIR RESOLUTION SUBMITTED
402512955	Medida 44-10

Total Attach: 2 Files