

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:
402559502

Date Received:
12/22/2020

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 Contact Name and Telephone:
Name of Operator: EVERGREEN NATURAL RESOURCES LLC Name: _____
Address: 1875 LAWRENCE ST STE 1150 Phone: () _____ Fax: () _____
City: DENVER State: CO Zip: 80202 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101404
Inspection Date: 09/24/2019 FIR Submit Date: 09/24/2019 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: 333522

Location Name: GIVENS-632S67W Number: 25SESW County: LAS ANIMAS
Qtrqr: SESW Sec: 25 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.225370 Longitude: -104.842710

FACILITY - API Number: 05-071-00 Facility ID: 217530

Facility Name: GIVENS Number: 24-25
Qtrqr: SESW Sec: 25 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.225370 Longitude: -104.842710

CORRECTIVE ACTIONS:

1 CA# 131005
Corrective Action: POST WELL SIGHT AS PER RULE 210.b. Date: 10/24/2019

Response: CA COMPLETED Date of Completion: 11/03/2020

Operator Comment: Posted well sight sign as per rule 210.b.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 131006

Corrective Action: PLUG RISER WITHIN 24 HOURS OF THIS NOTIFICATION AND REMOVE UNUSED RISER PER 603.f. AND NTO PERTAINING TO UNUSED RISERS.

Date: 10/24/2019

Response: CA COMPLETED

Date of Completion: 10/11/2019

Operator Comment: Removed unused riser by Sammy Sisneros

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo

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: 12/22/2020 4:34:55 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>
402559502	FIR RESOLUTION SUBMITTED
402559504	Givens 24-25

Total Attach: 2 Files