

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:

402655981

Date Received:

04/12/2021

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104081

Inspection Date: 03/24/2021

FIR Submit Date: 03/24/2021

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: 307745

Location Name: BUMBLE BEE-634S65W Number: 13NWNW County: LAS ANIMAS

Qtrqr: NWN Sec: 13 Twp: 34S Range: 65W Meridian: 6
W

Latitude: 37.090910 Longitude: -104.629620

FACILITY - API Number: 05-071- -00 Facility ID: 256409

Facility Name: BUMBLE BEE Number: 11-13

Qtrqr: NWN Sec: 13 Twp: 34S Range: 65W Meridian: 6
W

Latitude: 37.090910 Longitude: -104.629620

CORRECTIVE ACTIONS:

1 CA# 147619

Corrective Action: COMPLY WITH RULE 606, REPAIR AND RE-USE UNUSED EQUIPMENT.

Date: 04/24/2021

Response: CA COMPLETED

Date of Completion: 04/09/2021

Operator
Comment:

COMPLIED WITH RULE 606 AND REMOVED WELLHEAD HOUSE UNUSED, EQUIPMENT.

COGCC Decision: _____

COGCC
Representative:

2 CA# 147620

Corrective Action: COMPLY WITH RULE 606, REMOVE UNUSED EQUIPMENT.

Date: 04/24/2021

Response: CA COMPLETED

Date of Completion: 04/09/2021

Operator
Comment:

COMPLIED WITH RULE 606 AND REMOVED TUBING AND RODS, UNUSED EQUIPMENT

COGCC Decision: _____

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: 4/12/2021 6:33:30 PM

ATTACHMENT LIST

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

Document Number **Description**

402655987	Bumble Bee 11-13
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Total Attach: 1 Files