

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:
402674522

Date Received:
04/28/2021

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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690201476
Inspection Date: 04/27/2021 FIR Submit Date: 04/28/2021 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: 308874

Location Name: THE PRIMUS-634S65W Number: 34NESE County: LAS ANIMAS
Qtrqr: NESE Sec: 34 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.041070 Longitude: -104.652260

FACILITY - API Number: 05-071- -00 Facility ID: 284256

Facility Name: THE PRIMUS Number: 43-34
Qtrqr: NESE Sec: 34 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.041070 Longitude: -104.652260

CORRECTIVE ACTIONS:

1 CA# 150231

Corrective Action: Control and contain spills/releases and clean up per Rule 912. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608..

Date: 04/30/2021

Response: CA COMPLETED Date of Completion: 04/28/2021

Operator Comment: Controlled and contained spill release and cleaned per Rule 912. Securely fastened all valves, pipes, and fitting to ensure good mechanical condition, will inspected on regular intervals and maintain in good mechanical condition per Rule 608.

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: 4/28/2021 4:26:27 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>
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402674524	The Primus 43-34
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Total Attach: 1 Files