

**FORM
INSP**Rev
X/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

07/19/2021

Submitted Date:

07/21/2021

Document Number:

695104605**FIELD INSPECTION FORM**

Loc ID 307717 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1875 LAWRENCE ST STE 1150City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**6 Number of Comments3 Number of Corrective Actions☒ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
Distribution, Evergreen		cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
89269	WELL	SI	09/01/2020	GW	071-06849	GINNIE 24-10	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	PHOTO 3 & 4: AREA OF IMPACTED SOIL AROUND WELLHEAD (APPEARS TO BE HYDRAULIC FLUID FROM DRIVEHEAD OR HOSES).		
Corrective Action:	Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 906. Remove E&P waste along with all impacted materials.	Date:	08/02/2021
Type	UNUSED EQUIPMENT		
Comment:	PHOTO 5: UNUSED EQUIPMENT STORED ON LOCATION (SEVERAL JTS OF TBG).		
Corrective Action:	COMPLY WITH RULE 606. REMOVE UNUSED EQUIPMENT.	Date:	08/02/2021

Overall Good: ☐**Spills:**

Type	Area	Volume		
In Containment: No				
Comment: _____				
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:

			corrective date
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	IS PLUMBED TO SURFACE		
Corrective Action:		Date:	
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Type: Compressor	# 1		
Comment:	Bradenhead inaccessible or not visible.		
Corrective Action:	Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).	Date:	08/04/2021
Type: Prime Mover	# 1		

Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 89269 Type: WELL API Number: 071-06849 Status: SI Insp. Status: PR**Producing Well**

Comment:

Corrective Action:

Date:

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695104606	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5485781