

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:
402758006

Date Received:
07/23/2021

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: 695103352
Inspection Date: 09/25/2020 FIR Submit Date: 09/25/2020 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: 333948

Location Name: OINK OINK-632S67W Number: 36SWSW County: LAS ANIMAS
Qtrqr: SWS Sec: 36 Twp: 32S Range: 67W Meridian: 6
W
Latitude: 37.208450 Longitude: -104.847070

FACILITY - API Number: 05-071- -00 Facility ID: 277925

Facility Name: OINK OINK Number: 14-36
Qtrqr: SWS Sec: 36 Twp: 32S Range: 67W Meridian: 6
W
Latitude: 37.208450 Longitude: -104.847070

CORRECTIVE ACTIONS:

1 CA# 142396

Corrective Action: REMOVE UNUSED RISERS OR LO/TO AND MARK AS TO WHAT THE RISER IS USED FOR, COMPLY WITH RULE 603.f. Date: 10/25/2020

Response: CA COMPLETED Date of Completion: 10/23/2020

Operator Comment: Posted new signs to comply with Rule 210.b

COGCC Decision: _____

COGCC Representative: _____

2 CA# 142397

Corrective Action: POST SIGN, COMPLY WITH RULE 210.b.

Date: 10/25/2020

Response: CA COMPLETED

Date of Completion: 10/23/2020

Operator Comment: Removed unused risers to comply with Rule 603.f.

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: 7/23/2021 12:10:21 PM

ATTACHMENT LIST

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

Document Number **Description**

402758007	Oink Oink 14-36 & TR
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Total Attach: 1 Files