

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:
402797702

Date Received:
08/31/2021

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 |
|--------------------------------|-------|-----------------------------------|
| <u>Distribution, Evergreen</u> | | <u>cogcc.evergreen@enrllc.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104572
Inspection Date: 07/15/2021 FIR Submit Date: 07/15/2021 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: 307585

Location Name: CUTTHROAT-634S66W Number: 13NWNW County: LAS ANIMAS
Qtrqr: NWN Sec: 13 Twp: 34S Range: 66W Meridian: 6
W
Latitude: 37.089210 Longitude: -104.735640

FACILITY - API Number: 05-071- -00 Facility ID: 217864

Facility Name: CUTTHROAT Number: 11-13
Qtrqr: NWN Sec: 13 Twp: 34S Range: 66W Meridian: 6
W
Latitude: 37.089210 Longitude: -104.735640

CORRECTIVE ACTIONS:

1 CA# 153895

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2). Date: 07/28/2021

Response: CA COMPLETED Date of Completion: 07/28/2021

Operator Comment: Installed appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).

COGCC Decision: _____

COGCC
Representative:

2 CA# 153896

Corrective Action: REMOVE OR MARK UNUSED EQUIPMENT PER RULE 603.f. (606 FOR NEW RULES).

Date: 07/28/2021

Response: CA COMPLETED

Date of Completion: 07/28/2021

Operator
Comment: Marked unused equipment per Rule 603.f.(606 for new Rules)

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: 8/31/2021 11:38:37 AM

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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|-----------|-----------------|
| 402797704 | Cutthroat 11-13 |
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Total Attach: 1 Files