

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:

402793892

Date Received:

09/29/2021

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: 690201941

Inspection Date: 08/10/2021

FIR Submit Date: 08/12/2021

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: 308973

Location Name: HOFFMAN-632S67W Number: 31NESE County: LAS ANIMAS

Qtrqtr: NESE Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.211600 Longitude: -104.924570

FACILITY - API Number: 05-071- -00 Facility ID: 286049

Facility Name: HOFFMAN Number: 43-31

Qtrqtr: NESE Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.211600 Longitude: -104.924570

CORRECTIVE ACTIONS:

1 ☒ CA# 154737

Corrective Action: Cover and protect the valve box to prevent entry.

Date: 08/16/2021

Response: CA COMPLETED

Date of Completion: 08/16/2021

Operator Comment: Covered and protected the valve box to prevent entry.

COGCC Decision: Approved

COGCC  
Representative:

2 ☒ CA# 154738

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 08/19/2021

Response: CA COMPLETED

Date of Completion: 08/29/2021

Operator  
Comment: Installed and repaired required BMPs per Rule 1002.f.(2)C

COGCC Decision: Approved pending re-inspection

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: 9/29/2021 6:51:27 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>       |
|------------------------|--------------------------|
| 402793892              | FIR RESOLUTION SUBMITTED |
| 402793926              | Hoffman 43-31            |
| 402827121              | Hoffman 43-31 BMP's      |

Total Attach: 3 Files