

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 Contact Name and Telephone:  
Name of Operator: EVERGREEN NATURAL RESOURCES LLC Name: \_\_\_\_\_  
Address: 1875 LAWRENCE ST STE 1150 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: DENVER State: CO Zip: 80202 Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

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  
Qtrqr: 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  
Qtrqr: 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