

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:

402842833

Date Received:

10/14/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 695104922

Inspection Date: 10/07/2021

FIR Submit Date: 10/07/2021

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: 307341

Location Name: JACKS-633S65W Number: 6SESW County: LAS ANIMAS

Qtrqtr: SESW Sec: 6 Twp: 33S Range: 65W Meridian: 6

Latitude: 37.195830 Longitude: -104.716680

FACILITY - API Number: 05-071- -00 Facility ID: 217510

Facility Name: JACKS Number: 24-6

Qtrqtr: SESW Sec: 6 Twp: 33S Range: 65W Meridian: 6

Latitude: 37.195830 Longitude: -104.716680

CORRECTIVE ACTIONS:

1 CA# 156538

Corrective Action: Lower fluid level so at least two feet of freeboard exists per Rule 902.b. MAINTAIN A MINIMUM OF 2' FREEBOARD MEASURED FROM GROUND LEVEL (NOT THE TOP OF BURM) IN PRODUCED WATER PIT. NOTE: WATER PULLED ON LOCATION AS WAS CONDUCTING MY INSPECTION AND STARTED PULLING THE PIT.

Date: 10/08/2021

Response: CA COMPLETED

Date of Completion: 10/14/2021

Operator
Comment:

Lowered fluid level so at least two feet of freeboard exists per Rule 902.b

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: 10/14/2021 4:04:08 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>
------------------------	--------------------

402842845	Jacks 24-6
-----------	------------

Total Attach: 1 Files