

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:
402860017

Date Received:
11/02/2021

FIR RESOLUTION FORM

Overall Status:

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: 695104969
Inspection Date: 10/14/2021 FIR Submit Date: 10/14/2021 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: 418504

Location Name: ICEHOUSE Number: 23-34 County: LAS ANIMAS
Qtrqtr: NESW Sec: 34 Twp: 31S Range: 66W Meridian: 6
Latitude: 37.300550 Longitude: -104.772450

FACILITY - API Number: 05-071-00 Facility ID: 418510

Facility Name: ICEHOUSE Number: 23-34
Qtrqtr: NESW Sec: 34 Twp: 31S Range: 66W Meridian: 6
Latitude: 37.300550 Longitude: -104.772450

CORRECTIVE ACTIONS:

1 CA# 156809

Corrective Action: Conduct maintenance on equipment (REPAIR LEAKING EQUIPMENT), cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002.(2).D. 5 DAYS TO CLEAN UP IMPACTED SOIL 30 DAYS TO REPAIR LEAKS ON EQUIPMENT. Date: 11/14/2021

Response: CA COMPLETED Date of Completion: 10/25/2021

Operator Comment: Complied with Rule 1002.f.(2)B, Complied with general provisions of the oil and gas act for wildlife protection and SB-181. R&R front and rear main seals repaired

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: 11/2/2021 6:13:24 PM

ATTACHMENT LIST

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

Document Number **Description**

402860018	Icehouse 23-34
-----------	----------------

Total Attach: 1 Files