

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

11/12/2021

Submitted Date:

11/12/2021

Document Number:

695105141**FIELD INSPECTION FORM**Loc ID 308545 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1875 LAWRENCE ST STE 1150City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**7 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Distribution, Evergreen		cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
273660	WELL	PR	04/14/2014	GW	071-08201	SUMMERSAULT 23-35	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	PHOTO 3: UNUSED EQUIPMENT (1" RISER),		
Corrective Action:	MARK OR REMOVE UNUSED EQUIPEMNT PER RULE 606.	Date:	11/26/2021

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Bradenhead	# 1		
Comment:	PHOTO 4: Bradenhead inaccessible or not visible.		
Corrective Action:	Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).	Date:	11/26/2021
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Compressor	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	TELEMETRY EQUIPMENT		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	INSIDE 3 SOUND WALLS		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected Facilities				
Facility ID: 273660	Type: WELL	API Number: 071-08201	Status: PR	Insp. Status: PR
Producing Well				
Comment:				
Corrective Action:				Date:

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 280190Lat: 37.299850Long: -104.752717Reference Point: SE

Other: _____

Length: 70Width: 30**Lining:**

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date:

Fencing:Fencing Type: None

Fencing Condition:

Comment:

Corrective Action

Date:

Netting:

Netting Type:

Netting Condition:

Comment: NONE

Corrective Action

Date:

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment:

Corrective Action

Date:

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695105142	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5580157