

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402893523

Date Received:
12/08/2021

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: <u>10705</u>	Contact Name and Telephone:
Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Name: _____
Address: <u>1875 LAWRENCE ST STE 1150</u>	Phone: () _____ Fax: () _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>
<u>Kosola, Jason</u>		<u>jason.kosola@state.co.us</u>
<u>-</u>		<u>dnr_cogccengineering@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105184
 Inspection Date: 11/15/2021 FIR Submit Date: 11/15/2021 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: 334305

Location Name: CHEVELLE-632S66W Number: 9NENW County: LAS ANIMAS
 Qtrqr: NENW Sec: 9 Twp: 32S Range: 66W Meridian: 6
 Latitude: 37.278710 Longitude: -104.787330

FACILITY - API Number: 05-071-00 Facility ID: 270960

Facility Name: CHEVELLE Number: 21-9
 Qtrqr: NENW Sec: 9 Twp: 32S Range: 66W Meridian: 6
 Latitude: 37.278710 Longitude: -104.787330

CORRECTIVE ACTIONS:

1 CA# 158026

Corrective Action: Produce well after performing successful mechanical integrity test per Rule 417 or plug well. To maintain shut-in status, the well must be able to demonstrate ability to produce without mechanical intervention.

Date: 02/15/2022

Response: CA COMPLETED Date of Completion: 02/14/2019

MIT Performed to comply with Rule 417 Form #401971530

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation for Form 401971530

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: 12/8/2021 6:15:01 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>
402893531	Chevelle 21-9 MIT
402893532	Chevelle 21-9 Other Information
402893536	Chevelle 21-9 Form 15

Total Attach: 3 Files