

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:

402897436

Date Received:

12/13/2021

FIR RESOLUTION FORM

Overall Status:

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

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: 690201220

Inspection Date: 03/01/2021

FIR Submit Date: 03/02/2021

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: 308920

Location Name: KERIA-633S65W Number: 16NENE County: LAS ANIMAS

Qtrqr: NENE Sec: 16 Twp: 33S Range: 65W Meridian: 6

Latitude: 37.175827 Longitude: -104.672267

FACILITY - API Number: 05-071-

-00

Facility ID: 285101

Facility Name: KERIA

Number: 41-16

Qtrqr: NENE Sec: 16 Twp: 33S Range: 65W Meridian: 6

Latitude: 37.175827 Longitude: -104.672267

CORRECTIVE ACTIONS:

1 CA# 147020

Corrective Action: Comply with 1004 Rules

Date: 05/13/2019

Response: CA COMPLETED

Date of Completion: 04/07/2021

Operator Comment: Complied with Rules 1004

COGCC Decision: _____

COGCC
Representative:

2 CA# 147021

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: _____

Response: CA COMPLETED

Date of Completion: 05/13/2021

Operator
Comment:

Erosion areas have been repaired required BMPs per Rule 1002.f.(2)C

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: 12/13/2021 6:19:56 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>
402897438	Keria 1004 Rules
402897439	Keria 41-16 Repaired Erosion

Total Attach: 2 Files