

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:
402897450

Date Received:
12/13/2021

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
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202311
Inspection Date: 11/29/2021 FIR Submit Date: 11/29/2021 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: 309451

Location Name: KENNEDY-632S68W Number: 20NWNE County: LAS ANIMAS
Qtrqtr: NWNE Sec: 20 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.247840 Longitude: -105.016720

FACILITY - API Number: 05-071-00 Facility ID: 295415

Facility Name: KENNEDY Number: 31-20
Qtrqtr: NWNE Sec: 20 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.247840 Longitude: -105.016720

CORRECTIVE ACTIONS:

1 CA# 158172

Corrective Action: Comply with 1004 Rules. Date: _____

Response: CA COMPLETED Date of Completion: 10/11/2021

Operator Comment: Cannot remove equipment left in picture due to it is used by other wells. THIS IS INUSE EQUIPMENT

COGCC Decision: **Not Approved**

Corrective action has not been completed. There are no active well sites in the area of the pipeline equipment. All

COGCC surface equipment shall be removed per Rule 1004.
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's This is used equipment and cannot be removed

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 6:44:40 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>
402897450	FIR RESOLUTION SUBMITTED
402897451	Kennedy 31-20

Total Attach: 2 Files