

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

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

Qtrqr: 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

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

**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.

<b><u>Document Number</u></b>	<b><u>Description</u></b>
402897450	FIR RESOLUTION SUBMITTED
402897451	Kennedy 31-20

Total Attach: 2 Files