

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:  
402913533

Date Received:  
12/30/2021

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: 690201919

Inspection Date: 08/04/2021

FIR Submit Date: 08/05/2021

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: 309447

Location Name: KENNEDY-632S68W Number: 28NENW County: LAS ANIMAS

Qtrqr: NENW Sec: 28 Twp: 32S Range: 68W Meridian: 6

Latitude: 37.233440 Longitude: -105.004210

FACILITY - API Number: 05-071-

-00

Facility ID: 295257

Facility Name: KENNEDY

Number: 21-28

Qtrqr: NENW Sec: 28 Twp: 32S Range: 68W Meridian: 6

Latitude: 37.233440 Longitude: -105.004210

CORRECTIVE ACTIONS:

1 CA# 154593

Corrective Action: Comply with 1004 Rules.

Date: 10/15/2021

Response: CA COMPLETED

Date of Completion: 12/22/2021

Operator Comment: Complied with 1004 Rules

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 154594

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

Date: 09/17/2021

Response: CA COMPLETED

Date of Completion: 12/22/2021

Operator  
Comment:

Installed and 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: 12/30/2021 3:30:29 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>
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402913539	Kennedy 21-28
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Total Attach: 1 Files