

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:

402915477

Date Received:

01/03/2022

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: 690202089

Inspection Date: 09/23/2021

FIR Submit Date: 09/23/2021

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: 307596

Location Name: LORENCITO-634S66W Number: 16NWNW County: LAS ANIMAS

Qtrqr: NWN Sec: 16 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.087830 Longitude: -104.792420

FACILITY - API Number: 05-071- -00 Facility ID: 217878

Facility Name: LORENCITO Number: 4-16-34-66

Qtrqr: NWN Sec: 16 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.087830 Longitude: -104.792420

CORRECTIVE ACTIONS:

1 CA# 156115

Corrective Action: Conduct maintenance on cattleguard.

Date: 10/15/2021

Response: CA COMPLETED

Date of Completion: 12/15/2021

Operator Comment: Conducted maintenance on the cattleguard.

COGCC Decision: _____

COGCC
Representative:

2 CA# 156116

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

Date: 10/15/2021

Response: CA COMPLETED

Date of Completion: 12/15/2021

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 and Documentation

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: 1/3/2022 6:21:30 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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402915484	Lorencito 4-16-34-66
402915485	Lorencito 4-16-34-66 Document

Total Attach: 2 Files