

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: CAC

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 Contact Name and Telephone:
Name of Operator: EVERGREEN NATURAL RESOURCES LLC Name: _____
Address: 1875 LAWRENCE ST STE 1150 Phone: () _____ Fax: () _____
City: DENVER State: CO Zip: 80202 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

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: Approved pending re-inspection

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: Approved pending re-inspection

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>
402913533	FIR RESOLUTION SUBMITTED
402913539	Kennedy 21-28

Total Attach: 2 Files