

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:
402911116

Date Received:
12/28/2021

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
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: 690202135
Inspection Date: 10/07/2021 FIR Submit Date: 10/08/2021 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: 386769

Location Name: MAVERICK-633S66W Number: 29SWNW County: LAS ANIMAS
Qtrqr: SWN Sec: 29 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.145380 Longitude: -104.808640

FACILITY - API Number: 05-071-00 Facility ID: 262230

Facility Name: MAVERICK Number: 12-29
Qtrqr: SWN Sec: 29 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.145380 Longitude: -104.808640

CORRECTIVE ACTIONS:

1 CA# 156565

Corrective Action: Comply with 1004 Rules Date: _____

Response: CA COMPLETED Date of Completion: 12/13/2021

Operator Comment: Complied with 1004 Rules

COGCC Decision: **Not Approved**

COGCC Representative: Corrective Action is not Completed based on Operator Photos.
Rule 1004 requires the access road and location to be recontoured to original contour and reclaimed.
Operator has not complied with Rule 1004.

2 CA# 156566

Corrective Action: Date: _____

Response: CA COMPLETED Date of Completion: 12/13/2021

Operator Comment:

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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: 12/28/2021 8:12:20 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>
402911116	FIR RESOLUTION SUBMITTED
402911118	MAVERICK 12-29 & TR

Total Attach: 2 Files