

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:
402937083

Date Received:
01/25/2022

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: 690202305

Inspection Date: 11/12/2021

FIR Submit Date: 11/24/2021

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: 309208

Location Name: BLACKBERRY-631S66W Number: 29SESW County: LAS ANIMAS

Qtrqr: SESW Sec: 29 Twp: 31S Range: 66W Meridian: 6

Latitude: 37.311180 Longitude: -104.807850

FACILITY - API Number: 05-071-

-00

Facility ID: 290174

Facility Name: BLACKBERRY

Number: 24-29

Qtrqr: SESW Sec: 29 Twp: 31S Range: 66W Meridian: 6

Latitude: 37.311180 Longitude: -104.807850

CORRECTIVE ACTIONS:

1 CA# 158073

Corrective Action: Comply with 1004 Rules

Date: 10/30/2018

Response: CA COMPLETED

Date of Completion: 01/14/2022

Operator Comment: Complied with 1004 Rules

COGCC Decision: _____

COGCC
Representative:

2 CA# 158074

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

Date: _____

Response: CA COMPLETED

Date of Completion: 01/14/2022

Operator
Comment: Install or repair required BMPs per Rule 1002.f.(2)

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: 1/25/2022 7:07:52 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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402937084	Blackberry 24-9
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Total Attach: 1 Files