

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:  
402761832

Date Received:  
07/27/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 695104621  
Inspection Date: 07/21/2021 FIR Submit Date: 07/21/2021 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: 308627

Location Name: COBBLESTONE-632S68W Number: 14SESW County: LAS ANIMAS  
Qtrqr: SESW Sec: 14 Twp: 32S Range: 68W Meridian: 6  
Latitude: 37.253060 Longitude: -104.966930

FACILITY - API Number: 05-071- -00 Facility ID: 277152

Facility Name: COBBLESTONE Number: 24-14  
Qtrqr: SESW Sec: 14 Twp: 32S Range: 68W Meridian: 6  
Latitude: 37.253060 Longitude: -104.966930

CORRECTIVE ACTIONS:

1  CA# 153991

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2). Date: 08/04/2021

Response: CA COMPLETED Date of Completion: 07/27/2021

Operator Comment: Installed appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2).

COGCC Decision: Approved via an AMI

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: 7/27/2021 6:26:23 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>       |
|------------------------|--------------------------|
| 402761832              | FIR RESOLUTION SUBMITTED |
| 402761833              | Cobblestone 24-14        |

Total Attach: 2 Files