

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:
402810418

Date Received:
11/16/2021

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
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>
<u>Duran, Alicia</u>		<u>dnr_cogccengineering@state.co.us</u> <u>alicia.duran@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104265
Inspection Date: 04/21/2021 FIR Submit Date: 04/21/2021 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: 307485

Location Name: ANN-633S66W Number: 25SENE County: LAS ANIMAS
Qtrqtr: SENE Sec: 25 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.144150 Longitude: -104.724070

FACILITY - API Number: 05-071-00 Facility ID: 217723

Facility Name: ANN Number: 42-25
Qtrqtr: SENE Sec: 25 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.144150 Longitude: -104.724070

CORRECTIVE ACTIONS:

1	<input checked="" type="checkbox"/>	CA# 149945	
Corrective Action:		<u>Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2)</u>	Date: <u>05/21/2021</u>
Response:		<u>CA COMPLETED</u>	Date of Completion: <u>11/15/2021</u>
Operator Comment:		<u>Installed appropriate fittings to allow bradenhead visual inspection as per Rule 419.a</u>	

COGCC Decision: Approved

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: 11/16/2021 4:40:05 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>
402810418	FIR RESOLUTION SUBMITTED
402872550	Ann 42-25

Total Attach: 2 Files