

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:
402852727

Date Received:
10/25/2021

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: 695104275
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: 307447

Location Name: MARLENE-633S66W Number: 24NENE County: LAS ANIMAS
Qtrqtr: NENE Sec: 24 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.162450 Longitude: -104.726320

FACILITY - API Number: 05-071-00 Facility ID: 217674

Facility Name: MARLENE Number: 41-24
Qtrqtr: NENE Sec: 24 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.162450 Longitude: -104.726320

CORRECTIVE ACTIONS:

1 CA# 149948

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

Date: 05/21/2021

Response: CA COMPLETED

Date of Completion: 10/18/2021

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

Operator _____
Comment:

COGCC Decision: Approved

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation

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: 10/25/2021 6:41:20 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> |
|-------------------------------|---------------------------|
| 402852727 | FIR RESOLUTION SUBMITTED |
| 402852728 | Marlene 41-24 |

Total Attach: 2 Files