

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

02/07/2022

Submitted Date:

02/07/2022

Document Number:

695105652**FIELD INSPECTION FORM**Loc ID 334225 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**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

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

6 Number of Comments

2 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Kosola, Jason		jason.kosola@state.co.us	
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
258602	WELL	PR	12/01/2020	GW	071-07108	MUSTANG 41-30	PR
261861	PIT	AC	11/27/2001		-	MUSTANG 41-30 ONSITE	AC
288570	WELL	PR	04/06/2007	GW	071-09121	MUSTANG 41-30 TR	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	WEEDS		
Comment:	PHOTO 6: WEEDS INSIDE ORIGINAL WELL PRIME MOVER SOUND WALLS.		
Corrective Action:	MAINTAIN WEEDS, COMPLY WITH RULE 606.		Date: 02/14/2022

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Vertical Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Progressive Cavity	# 2		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:	BOTH CAL. REPORTS INDICATE GAS METERS HAVE BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 2		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 2		
Comment:	BOTH ARE ACCESSABLE		
Corrective Action:			Date:
Type: Deadman # & Marked	# 6		
Comment:			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 258602 Type: WELL API Number: 071-07108 Status: PR Insp. Status: PR**Producing Well**Comment: Corrective Action: Date: **BradenHead**Date of Last Brhd Test: 10/23/2011Annual Brhd Completed? Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: End Surf Csg Pressure: 0Comment: Corrective Action: Date: Facility ID: 261861 Type: PIT API Number: - Status: AC Insp. Status: ACFacility ID: 288570 Type: WELL API Number: 071-09121 Status: PR Insp. Status: PR**Producing Well**Comment: Corrective Action: Date: **BradenHead**Date of Last Brhd Test: 10/23/2011Annual Brhd Completed? Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: End Surf Csg Pressure: 0Comment: Corrective Action: Date:

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Comment: PHOTO 7: PRODUCED WATER LEAK FROM A VALVE CONNECTION COMING OFF OF ORIGINAL WELLHEAD. DUE TO SNOW PACK CONDITIONS ON LOCATION AMOUNT OF FLUID LOSS IS NOT DETERMINABLE, IT APPEARS THAT THE PRODUCED WATER HAS RAN AT LEAST 15 TO 20' FROM LEAK SOARCE.

Corrective Action: FIX LEAK CONTACT AREA EPS FOR REPORTING REQUIRMENTS COMPLY WITH RULE 905.c. (SPOKE WITH ZEKE SANCHEZ PRODUCTION FOREMAN FOR OPERATOR VIA CELL PHONE AT APP.13:50 2-7-22).

Date: 02/08/2022

Pits: ☐ NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: 261861 Lat: 37.235222 Long: -104.813236

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Corrective Action _____

Date: _____

Fencing:

Fencing Type: _____ Fencing Condition: Adequate

Comment: _____

Corrective Action _____

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: NONE

Corrective Action _____

Date: _____

Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: _____

Corrective Action _____

Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	261861	852169	
	261861	852169	

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

Document Num	Description	URL
695105653	INSP. PHOTOS	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5659664