

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:

402893523

Date Received:

12/08/2021

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

Kosola, Jason

jason.kosola@state.co.us

dnr_cogccengineering@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105184

Inspection Date: 11/15/2021

FIR Submit Date: 11/15/2021

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: 334305

Location Name: CHEVELLE-632S66W Number: 9NENW County: LAS ANIMAS

Qtrqr: NENW Sec: 9 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.278710 Longitude: -104.787330

FACILITY - API Number: 05-071- -00 Facility ID: 270960

Facility Name: CHEVELLE Number: 21-9

Qtrqr: NENW Sec: 9 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.278710 Longitude: -104.787330

CORRECTIVE ACTIONS:

1 ☒ CA# 158026

Corrective Action: Produce well after performing successful mechanical integrity test per Rule 417 or plug well. To maintain shut-in status, the well must be able to demonstrate ability to produce without mechanical intervention.

Date: 02/15/2022

Response: CA COMPLETED

Date of Completion: 02/14/2019

MIT Performed to comply with Rule 417 Form #401971530

Operator _____
Comment: _____

COGCC Decision: Approved via an AMI

COGCC Representative: IF THIS WAS JUST A MISTAKE ON MY END YOU COULD HAVE CONTACTED ME BEFORE 7 DAYS WAS UP AND I WOULD HAVE REMOVED THE CORRECTIVE ACTION.

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation for Form 401971530

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: 12/8/2021 6:15:01 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>
402893523	FIR RESOLUTION SUBMITTED
402893531	Chevelle 21-9 MIT
402893532	Chevelle 21-9 Other Information
402893536	Chevelle 21-9 Form 15

Total Attach: 4 Files