

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:

402893544

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

Kosola, Jason

jason.kosola@state.co.us

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105109

Inspection Date: 11/10/2021

FIR Submit Date: 11/10/2021

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: 334220

Location Name: BOXSTER-632S66W Number: 23SWNW County: LAS ANIMAS

Qtrqtr: SWN Sec: 23 Twp: 32S Range: 66W Meridian: 6
W

Latitude: 37.246240 Longitude: -104.754900

FACILITY - API Number: 05-071- -00 Facility ID: 288568

Facility Name: BOXSTER Number: 12-23 TR

Qtrqtr: SWN Sec: 23 Twp: 32S Range: 66W Meridian: 6
W

Latitude: 37.246240 Longitude: -104.754900

CORRECTIVE ACTIONS:

1 ☒ CA# 157714

Corrective Action: Report spill or release of E&P waste or produced fluids Remove free fluids and contact COGCC EPS staff per Rule 912.b. 24 hours to remove free fluids. 24 hours for notification and 72 hours for Initial Form 19 Report.
SEE ATTACHED PHOTOS AND HOUSEKEEPING SECTION FOR MORE INFORMATION.

Date: 11/11/2021

Response: CA COMPLETED

Date of Completion: 11/12/2021

Reported spill to compy with Rule 912.6 also completed housekeeping request

Approved via an AMI

Comment:	Please find the attached Photo's and documentation
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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

Title: Sr. Safety Coordinator Date: 12/8/2021 7:05:55 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>
402893544	FIR RESOLUTION SUBMITTED
402893545	Boxster 12-23 Form 19 Initial
402893547	Boxster 12-23 Form 19 Supplemental
402893548	Boxster 12-23 Photo's

Total Attach: 4 Files