

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:
402906934

Date Received:
12/21/2021

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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105095
Inspection Date: 11/04/2021 FIR Submit Date: 11/04/2021 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: 308424

Location Name: ART-632S65W Number: 32SESE County: LAS ANIMAS
Qtrqtr: SESE Sec: 32 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.208290 Longitude: -104.687630

FACILITY - API Number: 05-071-00 Facility ID: 271547

Facility Name: ART Number: 44-32
Qtrqtr: SESE Sec: 32 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.208290 Longitude: -104.687630

CORRECTIVE ACTIONS:

1 CA# 157566

Corrective Action: REMOVE UNUSED EQUIPMENT, COMPLY WITH RULE (603.f. OLD RULE) 606 NEW RULE. THIS IS THE SECOND NOTICE CA DATE IS IMMEDIATE

Date: 04/07/2021

Response: CA COMPLETED Date of Completion: 12/01/2021

Operator Comment: REMOVED UNUSED EQUIPMENT TO COMPLY WITH RULE 603.f.

COGCC Decision: Approved

FIRR ALLREADY ADDRESSED BY MY ON ANOTHER FIRR DOC. ONLY SUBMIT ONE FIRR PER

COGCC Representative: INSPECTION. DO NOT SUBMIT AN FIR FOR EACH CORRECTIVE ACTION ON AN INSPECTION.

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: 12/21/2021 7:56:53 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>
402906934	FIR RESOLUTION SUBMITTED
402906935	Art 44-32

Total Attach: 2 Files