

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

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

Qtrqr: 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

Qtrqr: 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

FIR ALLREADY ADDRESSED BY MY ON ANOTHER FIR DOC. ONLY SUBMIT ONE FIR 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