

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:
402922371

Date Received:
01/10/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 695105115
Inspection Date: 11/11/2021 FIR Submit Date: 11/11/2021 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: 308649

Location Name: HARRIER-632S66W Number: 33SESE County: LAS ANIMAS
Qtrqtr: SESE Sec: 33 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.208850 Longitude: -104.778580

FACILITY - API Number: 05-071-00 Facility ID: 277929

Facility Name: HARRIER Number: 44-33
Qtrqtr: SESE Sec: 33 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.208850 Longitude: -104.778580

CORRECTIVE ACTIONS:

1 CA# 157725

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2). Date: 11/25/2021

Response: CA COMPLETED Date of Completion: 01/04/2022

Operator Comment: Installed appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1),(2).

COGCC Decision: Approved via an AMI

COGCC
Representative:

2 CA# 157726

Corrective Action: MAINTAIN VEGETATION PER RULE 606.

Date: 11/25/2021

Response: CA COMPLETED

Date of Completion: 01/04/2022

Operator
Comment: Maintained vegetation per Rule 606.

COGCC Decision: Approved via an AMI

COGCC
Representative:

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: 1/10/2022 8:16:35 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402922371	FIR RESOLUTION SUBMITTED
402922374	Harrier 44-33

Total Attach: 2 Files