

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:
403002188

Date Received:
04/01/2022

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: 695105225
Inspection Date: 11/22/2021 FIR Submit Date: 11/22/2021 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: 333670

Location Name: STEALTH-632S66W Number: 5SENW County: LAS ANIMAS
Qtrqtr: SENW Sec: 5 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.290330 Longitude: -104.807350

FACILITY - API Number: 05-071-00 Facility ID: 273555

Facility Name: STEALTH Number: 22-5
Qtrqtr: SENW Sec: 5 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.290330 Longitude: -104.807350

CORRECTIVE ACTIONS:

1 CA# 158291

Corrective Action: COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181 . CA DATE 4-6-21. (IT DOES NOT APPEAR THAT CA WAS ADDRESSED, THERE IS AN ACTIVE LEAK FROM HYRAULIC MOTOR. LEAK NEEDS TO BE REPAIRED IMMEDIATELY OR SKID WILL HAVE TO BE MODIFIED TO PROTECT WILDLIFE).

Date: 04/04/2021

Response: CA COMPLETED Date of Completion: 03/30/2022

Complied with Rule 1002.f.(2)B, Complied with general provisions of the oil and gas act for wildlife protection and SB-181.

Operator
Comment:

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: 4/1/2022 1:43:30 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>
403002188	FIR RESOLUTION SUBMITTED
403002193	Stealth 22-5

Total Attach: 2 Files