

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:
403003910

Date Received:
04/04/2022

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>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 702100015
Inspection Date: 02/13/2022 FIR Submit Date: 02/13/2022 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: 334247

Location Name: TERMINATOR-632S65W Number: 17NENE County: LAS ANIMAS
Qtrqr: NENE Sec: 17 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.262740 Longitude: -104.688800

FACILITY - API Number: 05-071- -00 Facility ID: 89264

Facility Name: TERMINATOR Number: 41-17TR
Qtrqr: NENE Sec: 17 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.262740 Longitude: -104.688800

CORRECTIVE ACTIONS:

1 ☒ CA# 159657

Corrective Action: PERFORM BRADENHEAD TEST AND Submit reports as per RuleS 207/416. (THE ORIGINAL CORRECTIVE ACTION DATE IS STILL VALID.

Date: 02/28/2022

Response: CA COMPLETED Date of Completion: 03/14/2022

Operator Comment: Performed annual bradenhead test

COGCC Decision: Approved via an AMI

YOU DID NOT HAVE TO SUBMIT AN FIRR FOR BOTH WELLS YOU COULD HAVE SUBMITTED BOTH FORM

COGCC Representative: 4'S ON THIS FIR. THIS WAS A MISTAKE BY THE COGCC INSPECTOR, THERE SHOULD NOT HAVE BEEN .
CORRECTIVE ACTION.

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation

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: 4/4/2022 4:24:22 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>
403003910	FIR RESOLUTION SUBMITTED
403003913	Terminator 41-14 Form 17

Total Attach: 2 Files