

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:
403027088

Date Received:
04/25/2022

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: 695106045
Inspection Date: 04/12/2022 FIR Submit Date: 04/12/2022 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: 333746

Location Name: DUDE CANYON-632S67W Number: 32SENW County: LAS ANIMAS
Qtrqtr: SENW Sec: 32 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.217700 Longitude: -104.912210

FACILITY - API Number: 05-071- -00 Facility ID: 278291

Facility Name: DUDE CANYON Number: 22-32TR
Qtrqtr: SENW Sec: 32 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.217700 Longitude: -104.912210

CORRECTIVE ACTIONS:

1 ☒ CA# 160978

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002,.(2).D. (REPAIR LEAKING EQUIPMENT).

Date: 04/23/2022

Response: CA COMPLETED Date of Completion: 04/22/2022

Operator Comment: Conducted Maintenance on equipment, cleaned up stained material and reviewed self-inspection to comply with Rule 1002,.(2).D. (Repaired Leaking Equipment)

COGCC Decision: Approved

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: 4/25/2022 5:24:47 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>
403027088	FIR RESOLUTION SUBMITTED
403027089	Dude Canyon 22-32 TR

Total Attach: 2 Files