

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:
403098152

Date Received:
07/06/2022

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
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106177
Inspection Date: 05/03/2022 FIR Submit Date: 05/03/2022 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: 308876

Location Name: TRINITY-632S68W Number: 13NWSE County: LAS ANIMAS
Qtrqtr: NWSE Sec: 13 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.257246 Longitude: -104.945904

FACILITY - API Number: 05-071-00 Facility ID: 284252

Facility Name: TRINITY Number: 33-13
Qtrqtr: NWSE Sec: 13 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.257246 Longitude: -104.945904

CORRECTIVE ACTIONS:

1 CA# 161522

Corrective Action: Provide COGCC with documentation showing approval of use of vacuum pump. Date: 05/24/2022

Response: CA COMPLETED Date of Completion: 06/23/2022

Operator Comment: Please find the attached approved vacuum for the Trinity 33-13 Document # 403040151

COGCC Decision: Approved via an AMI

THE FORM 4 HAD ALLREADY BEEN SUBMITTED AT TIME OF INSPECTION BUT HAD NOT BEEN

COGCC
Representative:

APPROVED YET. IT IS A VIOLATION OF COGCC RULE TO OPERATE A WELL ON A VACUUM OR PARTIAL VACUUM WITHOUT COGCC APPROVAL. THE DATE THAT A FORM 4 FOR PARTIAL VACUUM IS NOT THE DATE THAT THE WELL CAN BE OPERATED ON A VACUUM. THE DATE THE FORM 4 IS APPROVED BY COGCC STAFF IS THE DATE THAT THE WELL CAN BE PRODUCED ON A VACUUM.

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: 7/6/2022 3:52:56 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>
403098152	FIR RESOLUTION SUBMITTED
403098166	Trinity 33-13

Total Attach: 2 Files