

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:  
403236288

Date Received:  
11/21/2022

FIR RESOLUTION FORM

Overall Status:

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
Inspections, Evergreen		cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203555  
Inspection Date: 11/08/2022 FIR Submit Date: 11/09/2022 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: 334333

Location Name: AMORE-632S66W Number: 9SWNE County: LAS ANIMAS  
Qtrqr: SWNE Sec: 9 Twp: 32S Range: 66W Meridian: 6  
Latitude: 37.274690 Longitude: -104.785860

FACILITY - API Number: 05-071-00 Facility ID: 280687

Facility Name: AMORE Number: 32-9 TR  
Qtrqr: SWNE Sec: 9 Twp: 32S Range: 66W Meridian: 6  
Latitude: 37.274690 Longitude: -104.785860

CORRECTIVE ACTIONS:

1 CA# 166039

Corrective Action: Control and contain spills/releases and clean up per Rule 912. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.

Date: 11/11/2022

Response: CA COMPLETED Date of Completion: 11/10/2022

Operator Comment: Controlled and contained spill release and cleaned per Rule 912. Securely fastened all valves, pipes, and fitting to ensure good mechanical condition, will inspected on regular intervals and maintain in good mechanical condition per Rule 608.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please find the attached Photo's

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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: 11/21/2022 1:50:19 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403236292	AMORE 32-9 TR
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Total Attach: 1 Files