

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:

403257904

Date Received:

12/12/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 695106845

Inspection Date: 10/07/2022

FIR Submit Date: 10/07/2022

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: 307553

Location Name: ABERT SQUIRREL-634S66W Number: 11SENE County: LAS ANIMAS

Qtrqr: SENE Sec: 11 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.100600 Longitude: -104.741990

FACILITY - API Number: 05-071-

-00

Facility ID: 217819

Facility Name: ABERT SQUIRREL Number: 42-11

Qtrqr: SENE Sec: 11 Twp: 34S Range: 66W Meridian: 6

Latitude: 37.100600 Longitude: -104.741990

CORRECTIVE ACTIONS:

1 CA# 165189

Corrective Action: Install sign to comply with Rule 605.a.

Date: 12/07/2022

Response: CA COMPLETED

Date of Completion: 12/06/2022

Operator Comment: Installed sign to comply with Rule 605.a.

COGCC Decision: _____

COGCC
Representative:

2 CA# 165190

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606.

Date: 12/07/2022

Response: CA COMPLETED

Date of Completion: 10/14/2022

Operator
Comment:

Removed unused equipment per Rule 606.

COGCC Decision:

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: 12/12/2022 4:20:17 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> |
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Total Attach: 1 Files