

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:

403187324

Date Received:

10/04/2022

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

Kosola, Jason

jason.kosola@state.co.us

Distribution, Evergreen

719-846-7898

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106514

Inspection Date: 06/29/2022

FIR Submit Date: 06/29/2022

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: 308744

Location Name: BELVEDERE-634S64W Number: 7SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 7 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.094010 Longitude: -104.608700

FACILITY - API Number: 05-071- -00 Facility ID: 280457

Facility Name: BELVEDERE Number: 14-7

Qtrqr: SWS Sec: 7 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.094010 Longitude: -104.608700

CORRECTIVE ACTIONS:

1 ☒ CA# 162999

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 06/30/2022

Response: CA COMPLETED

Date of Completion: 06/30/2022

Secured and fastened all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition,

Operator Comment: inspected at regular intervals and maintained in good mechanical condition per Rule 608.e.

COGCC Decision: Approved via an AMI

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: 10/4/2022 7:20:47 PM

ATTACHMENT LIST

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

Document Number **Description**

403187324	FIR RESOLUTION SUBMITTED
403187326	BELVEDERE 14-7

Total Attach: 2 Files