

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:

403218914

Date Received:

11/03/2022

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: 695106806

Inspection Date: 10/04/2022

FIR Submit Date: 10/04/2022

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: 333714

Location Name: FLYING HORSE-632S66W Number: 11SWNW County: LAS ANIMAS

Qtrqr: SWN Sec: 11 Twp: 32S Range: 66W Meridian: 6
W

Latitude: 37.273270 Longitude: -104.757700

FACILITY - API Number: 05-071- -00 Facility ID: 279338

Facility Name: FLYING HORSE Number: 12-11 TR

Qtrqr: SWN Sec: 11 Twp: 32S Range: 66W Meridian: 6
W

Latitude: 37.273270 Longitude: -104.757700

CORRECTIVE ACTIONS:

1 ☒ CA# 164969

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

Date: 11/06/2022

Response: CA COMPLETED

Date of Completion: 11/03/2022

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 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: 11/3/2022 3:46:54 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>
403218914	FIR RESOLUTION SUBMITTED
403218917	Flying Horse 12-11 TR

Total Attach: 2 Files