

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:

403250082

Date Received:

12/05/2022

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: 695106608

Inspection Date: 08/23/2022

FIR Submit Date: 08/23/2022

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: 309295

Location Name: KINKORA-634S65W Number: 32NESE County: LAS ANIMAS

Qtrqr: NESE Sec: 32 Twp: 34S Range: 65W Meridian: 6

Latitude: 37.037710 Longitude: -104.688990

FACILITY - API Number: 05-071- -00 Facility ID: 291270

Facility Name: KINKORA Number: 43-32

Qtrqr: NESE Sec: 32 Twp: 34S Range: 65W Meridian: 6

Latitude: 37.037710 Longitude: -104.688990

CORRECTIVE ACTIONS:

1 ☒ CA# 164065

Corrective Action: MAINTAIN WEEDS AND VEGETATION AROUND WELLHEAD PER RULE 606.

Date: 09/03/2022

Response: CA COMPLETED

Date of Completion: 11/22/2022

Operator Comment: Maintained weeds and vegetation around meter house per Rule 606.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

PHOTO IS NOT SUFFICIENT, A ONSITE RE-INSPECTION WILL HAVE TO BE PERFORMED. (PHOTO ONLY SHOWS WEEDS MAINTAINED AROUND METER HOUSE AND INSPECTION SITED WEEDS AROUND WELLHEAD ALSO).

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: 12/5/2022 4:19:00 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>
403250082	FIR RESOLUTION SUBMITTED
403250087	Kinkora 43-32

Total Attach: 2 Files