

# 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:  
403310575

Date Received:  
02/02/2023

## 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: <u>10705</u>	Contact Name and Telephone:
Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Name: _____
Address: <u>1875 LAWRENCE ST STE 1150</u>	Phone: ( ) _____ Fax: ( ) _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 695107347  
 Inspection Date: 01/26/2023      FIR Submit Date: 01/26/2023      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: 334255

Location Name: TOKAR-632S66W      Number: 31NENW      County: LAS ANIMAS  
 Qtrqr: SENW      Sec: 31      Twp: 32S      Range: 66W      Meridian: 6  
 Latitude: 37.218570      Longitude: -104.825050

**FACILITY** - API Number: 05-071-      -00      Facility ID: 217516

Facility Name: TOKAR      Number: 22-31  
 Qtrqr: SENW      Sec: 31      Twp: 32S      Range: 66W      Meridian: 6  
 Latitude: 37.218570      Longitude: -104.825050

**CORRECTIVE ACTIONS:**

**1** CA# 167178

Corrective Action: REPAR LEAK, 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: 01/27/2023

Response: CA COMPLETED      Date of Completion: 01/27/2023

Operator Comment: Secured and fastened all valves, pipes, and fittings to ensure good mechanical condition, inspected at regular intervals and maintained in good mechanical condition per Rule 608.e.

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: 2/2/2023 1:43:41 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 1 Files