

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: 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: 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.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 1 Files