

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:

403321431

Date Received:

02/15/2023

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 Contact Name and Telephone:
Name of Operator: EVERGREEN NATURAL RESOURCES LLC Name: _____
Address: 1875 LAWRENCE ST STE 1150 Phone: () _____ Fax: () _____
City: DENVER State: CO Zip: 80202 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: 695106796
Inspection Date: 09/29/2022 FIR Submit Date: 09/29/2022 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: 307756

Location Name: ANTLER-634S65W Number: 10SESE County: LAS ANIMAS
Qtrqtr: SESE Sec: 10 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.092630 Longitude: -104.650190

FACILITY - API Number: 05-071-00 Facility ID: 256627

Facility Name: ANTLER Number: 44-10
Qtrqtr: SESE Sec: 10 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.092630 Longitude: -104.650190

CORRECTIVE ACTIONS:

1 CA# 164868

Corrective Action: Submit Field Inspection Report Resolution form (FIRR) per rule 210.b. & 207. Include photos showing corrective actions resolved if possible. Date: _____

Response: CA COMPLETED Date of Completion: 02/09/2023

Operator Comment: Please see attached FIRR 403321433

COGCC Decision: **Not Approved**

COGCC Representative: THIS FIRR WAS NOT NECESSARY i DONT KNOW WHY THERE WAS AN FIRR SUBMITTED WITH ANOTHER FIRR ATTACHED.

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: 2/15/2023 9:36:29 AM

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>
403321431	FIR RESOLUTION SUBMITTED
403321460	Antler 44-10 FIRR 403321433

Total Attach: 2 Files