

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:

403320575

Date Received:

02/14/2023

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

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: 695107408

Inspection Date: 01/30/2023

FIR Submit Date: 01/30/2023

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: 309198

Location Name: CERVANTE-632S66W Number: 28NESE County: LAS ANIMAS

Qtrqr: NESE Sec: 28 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.228460 Longitude: -104.779750

FACILITY - API Number: 05-071- -00 Facility ID: 290023

Facility Name: CERVANTE Number: 43-28

Qtrqr: NESE Sec: 28 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.228460 Longitude: -104.779750

CORRECTIVE ACTIONS:

1 CA# 167223

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606.

Date: 03/01/2023

Response: CA COMPLETED

Date of Completion: 02/13/2023

Operator Comment: Removed unused equipment to complied with Rule 606.

COGCC Decision: Not Approved

COGCC
Representative:

PART OF THE CORRECTIVE ACTION HAS NOT BEEN ADDRESSED, THE RISER LISTED IN THE
CORRECTIVE ACTION HAS NOT BEEN REMOVED. SEE INSP. DOC #695107674 FOR ADDITIONAL
ACTIONS REQUIRED.

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: 2/14/2023 12:12:26 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>
403320575	FIR RESOLUTION SUBMITTED
403320581	CERVANTE 43-28

Total Attach: 2 Files