

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:
403321966

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695107467
Inspection Date: 02/02/2023 FIR Submit Date: 02/02/2023 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: 423090

Location Name: KOSAR Number: 21-11 County: LAS ANIMAS
Qtrqr: NENW Sec: 11 Twp: 33S Range: 68W Meridian: 6
Latitude: 37.191210 Longitude: -104.964730

FACILITY - API Number: 05-071-00 Facility ID: 423093

Facility Name: KOSAR Number: 21-11
Qtrqr: NENW Sec: 11 Twp: 33S Range: 68W Meridian: 6
Latitude: 37.191210 Longitude: -104.964730

CORRECTIVE ACTIONS:

1 CA# 167384

Corrective Action: PROVIDE VIA FIRR LAST THREE MONTHS OF BRADENHEAD MONITOR REPORTS AND SUBMIT ANNUAL BRADENHEAD TEST Date: 02/17/2023

Response: CA COMPLETED Date of Completion: 02/14/2023

Operator Comment: Please find attached bradenhead documentation

COGCC Decision: **Not Approved**

COGCC
Representative:

BRADENHEAD TEST HAS BEEN SUBMITTED HOWEVER THE MONTHLY BRADENHEAD MONITORING REPORT HAS NOT BEEN SUBMITTED SEE INSP. DOC #695107965 FOR CORRECTIVE ACTION DETAILS.

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation

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 1:23:31 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>
403321966	FIR RESOLUTION SUBMITTED
403321977	Kosar 21-11 Form17

Total Attach: 2 Files