

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

Distribution, Evergreen

719-846-7898

cogcc.evergreen@enrllc.com

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

Qtrqtr: 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

Qtrqtr: 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