

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:

403360936

Date Received:

03/30/2023

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: 695106780

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: 309183

Location Name: MASH-634S64W Number: 17SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 17 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.078890 Longitude: -104.593370

FACILITY - API Number: 05-071- -00 Facility ID: 289702

Facility Name: MASH Number: 14-17

Qtrqr: SWS Sec: 17 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.078890 Longitude: -104.593370

CORRECTIVE ACTIONS:

1 ☒ CA# 164863

Corrective Action: Submit Field Inspection Report Resolution form (FIRR) per rule 210.b. & 207. Include photos showing corrective actions from insp. #695106029 have been resolved if possible.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/29/2023

Operator Comment: Form 15 attached for pit

COGCC Decision: **Not Approved**

COGCC Representative: WHAT HAS BEEN DONE WITH THE PIT LINER, HAS EPS BEEN CONTACTED, WHAT DIRECTIVE HAS BEEN GIVEN TO OPERATOR REGARDING PIT LINER?

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached F15 pit permit

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tracy Dyke

Signed: _____

Title: Production Technician

Date: 3/30/2023 1:06:19 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>
403360936	FIR RESOLUTION SUBMITTED
403360957	Form 15

Total Attach: 2 Files