

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:
403365941

Date Received:
04/05/2023

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>
<u>Costa, Ryan</u>		<u>ryan.costa@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695107536
Inspection Date: 02/08/2023 FIR Submit Date: 02/08/2023 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: 307683

Location Name: ARMADILLO-634S65W Number: 32SWSE County: LAS ANIMAS
Qtrqtr: SWSE Sec: 32 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.034750 Longitude: -104.691940

FACILITY - API Number: 05-071-00 Facility ID: 89210

Facility Name: ARMADILLO Number: 34-32
Qtrqtr: SWSE Sec: 32 Twp: 34S Range: 65W Meridian: 6
Latitude: 37.034750 Longitude: -104.691940

CORRECTIVE ACTIONS:

1 CA# 167335

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C. THIS IS THE SECOND NOTICE FOR THIS CORRECTIVE ACTION IMMEDIATE ACTION IS REQUIRED. Date: _____

Response: CA COMPLETED Date of Completion: 04/03/2023

Operator Comment: All BMP's have been addressed and repaired per rule 1002.f.(2)C

COGCC Decision: Approved via an AMI

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please use this FIRR to address and close Inspection #690202680 as well as #695107536, thank you.

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: 4/5/2023 1:31:43 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
403365941	FIR RESOLUTION SUBMITTED
403365954	Photos showing cleaned out culverts

Total Attach: 2 Files