

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:
403452133

Date Received:
07/03/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 695106250

Inspection Date: 05/09/2022

FIR Submit Date: 05/09/2022

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: 309501

Location Name: SLIDERS-634S64W Number: 18NWSW County: LAS ANIMAS

Qtrqr: NWS Sec: 18 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.082580 Longitude: -104.608830

FACILITY - API Number: 05-071-

-00

Facility ID: 296642

Facility Name: SLIDERS

Number: 13-18

Qtrqr: NWS Sec: 18 Twp: 34S Range: 64W Meridian: 6
W

Latitude: 37.082580 Longitude: -104.608830

CORRECTIVE ACTIONS:

1 CA# 161722

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002.(2).D.

Date: 05/14/2022

Response: CA COMPLETED

Date of Completion: 06/30/2023

Operator
Comment:

Equipment cleaned up per rule 1002.(2)D

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 161723

Corrective Action: REMOVE OR CONTAIN DETERIORATING INSULATION AND POLICE ALL TRASH
ON AND AROUND LOCATION.

Date: 05/14/2022

Response: CA COMPLETED

Date of Completion: 06/30/2023

Operator
Comment: Insulation and trash clean up complete

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

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: 7/3/2023 9:33:47 AM

ATTACHMENT LIST

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

Document Number **Description**

403452135	Clean up of location
-----------	----------------------

Total Attach: 1 Files