

State of Colorado
Energy & Carbon Management Commission



Document Number:
403586958

Date Received:
11/07/2023

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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

Kosola, Jason

jason.kosola@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 695107742

Inspection Date: 03/22/2023

FIR Submit Date: 03/22/2023

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: 308840

Location Name: BEIL 33-7 Tr-632S67W Number: 7NWSE County: LAS ANIMAS

Qtrqtr: NWSE Sec: 7 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.270270 Longitude: -104.926200

FACILITY - API Number: 05-071- -00 Facility ID: 283193

Facility Name: BEIL Number: 33-7 Tr

Qtrqtr: NWSE Sec: 7 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.270270 Longitude: -104.926200

CORRECTIVE ACTIONS:

1 CA# 168437

Corrective Action: POLICE LOCATION AND SURROUNDING AREA FOR TRASH FROM PIT LINER
PER RULE 606.

Date: 03/28/2023

Response: CA COMPLETED

Date of Completion: 11/06/2023

Operator Comment: Trash removed from location per rule 606

COGCC Decision: _____

COGCC
Representative:

2 CA# 168438

Corrective Action: Reduce fluid level in pit, contact COGCC EPS staff for directives.

Date: 03/24/2023

Response: CA COMPLETED

Date of Completion: 11/06/2023

Operator
Comment: Fluid level lowered and liner removed

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: Construction Technician

Date: 11/7/2023 8:55:31 AM

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>
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403586965	Liner removal and clean up
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Total Attach: 1 Files