

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
403695178

Date Received:  
02/22/2024

**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>Inspections, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>
<u>Schwarz, Stephen</u>		<u>stephen.schwarz@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 713600007  
Inspection Date: 07/24/2023 FIR Submit Date: 08/04/2023 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LOCATION - Location ID: 309046

Location Name: LOBO-633S66W Number: 4NWSW County: LAS ANIMAS  
Qtrqtr: NWS Sec: 4 Twp: 33S Range: 66W Meridian: 6  
W  
Latitude: 37.198550 Longitude: -104.789300

FACILITY - API Number: 05-071- -00 Facility ID: 287509

Facility Name: LOBO Number: 13-4  
Qtrqtr: NWS Sec: 4 Twp: 33S Range: 66W Meridian: 6  
W  
Latitude: 37.198550 Longitude: -104.789300

CORRECTIVE ACTIONS:

**1**  CA# 177235

Corrective Action: Install or repair required BMPs per Rule 1002.f. Date: \_\_\_\_\_

Response: CA COMPLETED Date of Completion: 02/21/2024

Operator Comment: Variance approved, please see attached document

COGCC Decision: Approved

COGCC Representative: The corrective action to "Install or repair required BMPs per Rule 1002.f." was not completed but instead a variance has been approved by the Commission. Therefore, this FIRR is only approved based on the variance approval but corrective actions for stormwater management were not addressed.

**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: 2/22/2024 11:34:47 AM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403695178	FIR RESOLUTION SUBMITTED
403695188	Final variance hearing

Total Attach: 2 Files