

State of Colorado  
Energy & Carbon Management Commission



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

Document Number:

403742203

Date Received:

04/04/2024

## FIR RESOLUTION FORM

### Overall Status:

#### 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>Adamczyk, Megan</u>		<u>megan.adamczyk@state.co.us</u>

### COGCC INSPECTION SUMMARY:

FIR Document Number: 695109087  
Inspection Date: 02/06/2024 FIR Submit Date: 03/21/2024 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: 334321

Location Name: HILL-632S66W Number: 22NWSE County: LAS ANIMAS  
Qtrqtr: NWSE Sec: 22 Twp: 32S Range: 66W Meridian: 6  
Latitude: 37.240640 Longitude: -104.764580

#### FACILITY - API Number: 05-071- -00 Facility ID: 260968

Facility Name: HILL Number: 33-22  
Qtrqtr: NWSE Sec: 22 Twp: 32S Range: 66W Meridian: 6  
Latitude: 37.240640 Longitude: -104.764580

### CORRECTIVE ACTIONS:

1 CA# 193549

Corrective Action: inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. REMOVE PUMPJACK, CONCRETE PAD, COMPACT AND STABILIZE CONCRETE PAD TO ILIMINATE THE BANGING NOISE ON THE DOWN STROKE OF THE PUMPJACK.

Date: 02/17/2024

Response: CA COMPLETED Date of Completion: 04/03/2024

Operator Comment: Pad removed, stabilized and reset per rule 608.e

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: 4/4/2024 6:32:39 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403742204	Hill pad reset
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Total Attach: 1 Files