

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

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



Inspection Date:
12/27/2024
Submitted Date:
12/27/2024
Document Number:
716300349

FIELD INSPECTION FORM

Loc ID 307801 Inspector Name: Beardslee, Tom On-Site Inspection 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 10705
Name of Operator: EVERGREEN NATURAL RESOURCES LLC
Address: 1875 LAWRENCE ST STE 1150
City: DENVER State: CO Zip: 80202

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

4 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

| Contact Name | Phone | Email | Comment |
|-------------------------|--------------|----------------------------|---------------------------------|
| Distribution, Evergreen | 719-846-7898 | cogcc.evergreen@enrllc.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 256922 | WELL | PR | 07/11/2004 | GW | 071-06975 | LORENCITO 15-6-34-66 | PR |

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
| | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| Type | Area | Volume | | corrective date |
|---------------------------|---|--------|--|-----------------|
| Type: Ancillary equipment | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Type: Vertical Separator | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Type: Prime Mover | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Type: Progressive Cavity | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Type: Gas Meter Run | # 1 | | | |
| Comment: | CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR. | | | |
| Corrective Action: | | | | Date: |
| Type: Deadman # & Marked | # 4 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |
| Type: Bradenhead | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | | |
|--------------------|----|--|-------|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

Inspected Facilities

Facility ID: 256922 Type: WELL API Number: 071-06975 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 10/07/2015 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: FORM 4 ON FILE

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: 261233 Lat: 37.108468 Long: -104.816766

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:

Fencing Type: None Fencing Condition: _____

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action

Date: _____

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|--------------|---|
| 716300350 | INSP. PHOTOS | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6855347 |