

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

12/30/2024

Submitted Date:

12/30/2024

Document Number:

716300371

## FIELD INSPECTION FORM

Loc ID 333664 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:

13 Number of Comments

1 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 | <a href="#">All Inspections</a> |
| D DYKE, TRACY           | 719-846-7898 | tracy.dyke@enrllc.com      | <a href="#">Insp. w/ca's</a>    |

## Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 273424      | WELL | PR     | 02/19/2022  | CBM        | 071-08170 | LYNCH 43-30      | PR          |
| 278884      | WELL | PR     | 12/01/2006  | CBM        | 071-08447 | LYNCH 43-30 TR H | PR          |

## General Comment:

**Location**Overall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

|                    |   |  |                         |
|--------------------|---|--|-------------------------|
| Type               | OTHER   |  |                         |
| Comment:           | PHOTO 5: AREA OF IMPACTED SOIL UNDER LEAKING DRIVE MOTOR. Conduct maintenance on equipment, cleanup stained material and review self inspection processes.<br>PHOTO 6: DRIVEHEAD MOTOR LEAKING HYDRAULIC OIL. |  |                         |
| Corrective Action: | COMPLY WITH RULE 1002.,(2).D. CA DATE 1-9-25<br>REPAIR EQUIPMENT PER RULE 606. CA DATE 1-9-25.  |  | Date: <u>01/09/2025</u> |

Overall Good: ☐**Spills:**

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

|                          |  |  |                 |
|--------------------------|--|--|-----------------|
| Type: Bradenhead         | # 2  |  | corrective date |
| Comment:                 | BOTH ARE ACCESSABLE  |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Pump Jack          | # 1  |  |                 |
| Comment:                 | TR WELL  |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Prime Mover        | # 1  |  |                 |
| Comment:                 | ORIG. WELL   |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Vertical Separator | # 2  |  |                 |
| Comment:                 |  |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Gas Meter Run      | # 2  |  |                 |
| Comment:                 | BOTH CAL. REPORTS INDICATE GAS METERS HAVE BEEN CALIBRATED WITHIN THE LAST YEAR. |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Progressive Cavity | # 1  |  |                 |
| Comment:                 | ORIG. WELL   |  |                 |
| Corrective Action:       |  |  | Date:           |
| Type: Compressor         | # 1  |  |                 |
| Comment:                 | TR WELL  |  |                 |

|                           |     |       |       |
|---------------------------|-----|-------|-------|
| Corrective Action:        |     | Date: |       |
| Type: Ancillary equipment | # 2 |       |       |
| Comment:                  |     |       |       |
| Corrective Action:        |     | Date: |       |
| Type: Deadman # & Marked  | # 8 |       |       |
| Comment:                  |     |       |       |
| Corrective Action:        |     | Date: |       |
| <b><u>Venting:</u></b>    |     |       |       |
| Yes/No                    | NO  |       |       |
| Comment:                  |     |       |       |
| Corrective Action:        |     |       | Date: |
| <b><u>Flaring:</u></b>    |     |       |       |
| Type                      |     |       |       |
| Comment:                  |     |       |       |
| Corrective Action:        |     |       | Date: |

| Inspected Facilities   |        |                            |      |                        |           |             |    |               |    |
|--|--------|----------------------------|------|------------------------|-----------|-------------|----|---------------|----|
| Facility ID:   | 273424 | Type:                      | WELL | API Number:            | 071-08170 | Status:     | PR | Insp. Status: | PR |
| Producing Well   |        |                            |      |                        |           |             |    |               |    |
| Comment:   |        | PR                         |      |                        |           |             |    |               |    |
| Corrective Action:   |        |                            |      |                        |           | Date:       |    |               |    |
| BradenHead   |        |                            |      |                        |           |             |    |               |    |
| Date of Last Brhd Test:  |        | 11/27/2011                 |      | 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 |        |                            |      |                        |           |             |    |               |    |
| Facility ID:   | 278884 | Type:                      | WELL | API Number:            | 071-08447 | Status:     | PR | Insp. Status: | PR |
| Producing Well   |        |                            |      |                        |           |             |    |               |    |
| Comment:   |        | PR                         |      |                        |           |             |    |               |    |
| Corrective Action:   |        |                            |      |                        |           | Date:       |    |               |    |
| BradenHead   |        |                            |      |                        |           |             |    |               |    |
| Date of Last Brhd Test:  |        | 11/27/2011                 |      | 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 |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

|         |             |            |                 |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
|         | 301626      | 1942329    |                 |
|         | 284460      | 1395005    |                 |

Attached Documents

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

|              |              |   |
|--------------|--------------|---|
| Document Num | Description  | URL   |
| 716300372    | INSP. PHOTOS | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6857692">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6857692</a> |