

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:

404108598

Date Received:

02/27/2025

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

ECMC 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

D DYKE, TRACY

719-846-7898

tracy.dyke@enrllc.com

Distribution, Evergreen

719-846-7898

cogcc.evergreen@enrllc.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 716300580

Inspection Date: 02/25/2025

FIR Submit Date: 02/25/2025

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: 309027

Location Name: KEENE VALLEY-632S65W Number: 15NWNE County: LAS ANIMAS

Qtrqtr: NWNE Sec: 15 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.265380 Longitude: -104.657670

FACILITY - API Number: 05-071- -00 Facility ID: 286776

Facility Name: KEENE VALLEY Number: 31-15

Qtrqtr: NWNE Sec: 15 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.265380 Longitude: -104.657670

CORRECTIVE ACTIONS:

1 CA# 202673

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606. CA DATE 3-4-2025.

Date: 03/04/2025

Response: CA COMPLETED

Date of Completion: 02/26/2025

Operator Comment: Unused equipment removed per rule 606

ECMC Decision: _____

ECMC
Representative:

2 CA# 202674

Corrective Action: POLICE LOCATION AND SUROUNDING AREA FOR ALL INSOLATION/DEBREE
PER RULE 606.

Date: 03/04/2025

Response: CA COMPLETED

Date of Completion: 02/26/2025

Operator
Comment: Debris removed from location per rule 606

ECMC Decision:

ECMC
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: 2/27/2025 7:29:44 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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404108601	Unused equipment removed
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Total Attach: 1 Files