

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:
404114719

Date Received:
03/04/2025

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

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
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>
<u>D SANCHEZ, ZEKE</u>	<u>719-890-0376</u>	<u>zeke.sanchez@enrllc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 716300086
Inspection Date: 09/30/2024 FIR Submit Date: 09/30/2024 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: 414737

Location Name: Idrahaje Number: 12-14 County: LAS ANIMAS
Qtrqtr: SWN Sec: 14 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.172650 Longitude: -104.754100

FACILITY - API Number: 05-071-00 Facility ID: 415015

Facility Name: Idrahaje Number: 12-14
Qtrqtr: SWN Sec: 14 Twp: 33S Range: 66W Meridian: 6
W
Latitude: 37.172650 Longitude: -104.754100

CORRECTIVE ACTIONS:

1 CA# 199180

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition remove and dispose of impacted material per Rule 608.e.

Date: 10/30/2024

Response: CA COMPLETED Date of Completion: 03/04/2025

Oil stains removed and cleaned from location per rule 608.e

Operator _____
Comment: _____

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: 3/4/2025 11:55:07 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>
404114719	FIR RESOLUTION SUBMITTED
404114728	Oil stain removal

Total Attach: 2 Files