

**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:

03/03/2025

Submitted Date:

03/03/2025

Document Number:

716300647

**FIELD INSPECTION FORM**Loc ID 309100 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:**

5 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>
Serna, Abe		abe.serna@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
288084	WELL	PR	04/26/2007	CBM	071-09079	MACHONE 22-7	PR
301649	PIT		02/19/2009		-	MACHONE 22-7	

**General Comment:**

Location					
Overall Good: <input checked="" type="checkbox"/>					
Emergency Contact Number:					
Comment:					
Corrective Action:				Date: _____	
Overall Good: <input checked="" type="checkbox"/>					
Spills:					
Type	Area	Volume			
In Containment: No					
Comment:					
<input type="checkbox"/> Multiple Spills and Releases?					
Equipment:				corrective date	
Type: Ancillary equipment		# 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. LAST CALIBRATION WAS PERFORMED MARCH OF 2024, CALIBRATION IS DUE ON OR BEFORE MARCH 17TH 2025.			
Corrective Action:				Date:	
Type: Deadman # & Marked		# 4			
Comment:					
Corrective Action:				Date:	
Type: Prime Mover		# 1			
Comment:					
Corrective Action:				Date:	
Type: Vertical Separator		# 1			
Comment:					
Corrective Action:				Date:	
Type: Bradenhead		# 1			
Comment:		IS ACCESSABLE			
Corrective Action:				Date:	
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:				Date:	
Flaring:					

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	288084	Type:	WELL	API Number:	071-09079	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	11/14/2011		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:	301649	Type:	PIT	API Number:	-	Status:		Insp. Status:	
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	Culverts	Pass			

Comment: **PHOTO 4: OILY WASTE IN PRIME MOVER ENGINE SKID.**Corrective Action: **DRAIN OILY WASTE REPAIR ALL LEAKS AND REMOVE OR TREAT IMPACTED SOIL PER RULE 1002..(2).D & 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181.**

Date: 03/04/2025

**Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 301649Lat: 37.101040Long: -104.605300

Reference Point: \_\_\_\_\_ Other: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

**Lining:**

Liner Type: \_\_\_\_\_ Liner Condition: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

**Fencing:**Fencing Type: \_\_\_\_\_ Fencing Condition: Adequate

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

**Netting:**

Netting Type: \_\_\_\_\_ Netting Condition: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

Permit:	Facility ID	Permit Num	Expiration Date
	301649	1942354	
	301649	1942354	

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

Document Num	Description	URL
716300648	INSP. PHOTOS	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6944159">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6944159</a>