

State of Colorado Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404150495

Date Received:
04/03/2025

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
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>
<u>DYKE, TRACEY</u>	<u>719-846-7898</u>	<u>tracey.dyke@enrllc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 695110243
Inspection Date: 09/11/2024 FIR Submit Date: 09/12/2024 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: 308368

Location Name: BEACON-632S66W Number: 18NWNW County: LAS ANIMAS
Qtrqtr: NWN Sec: 18 Twp: 32S Range: 66W Meridian: 6
W
Latitude: 37.265180 Longitude: -104.829210

FACILITY - API Number: 05-071- -00 Facility ID: 269534

Facility Name: BEACON Number: 11-18
Qtrqtr: NWN Sec: 18 Twp: 32S Range: 66W Meridian: 6
W
Latitude: 37.265180 Longitude: -104.829210

CORRECTIVE ACTIONS:

1 CA# 198732

Corrective Action: REMOVE OR MARK RISERS PER RULE 606. Date: 10/12/2024

Response: CA COMPLETED Date of Completion: 04/01/2025

Operator Comment: Risers capped and removed per rule 606

ECMC Decision: _____

ECMC
Representative:

2 CA# 198733

Corrective Action: REMOVE UNUSED EQUIPEMENT PER RULE 606.

Date: 10/12/2024

Response: CA COMPLETED

Date of Completion: 04/01/2025

Operator
Comment: Unused equipment removed per rule 606

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please use this fir to address both inspections #695110243 and #716300764

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: 4/3/2025 5:06:22 AM

ATTACHMENT LIST

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

Document Number	Description
404150495	FIR RESOLUTION SUBMITTED
404150499	Risers capped and removed
404150500	Telemetry equipment removed

Total Attach: 3 Files