

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:

404150465

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

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

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

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 from location

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please use this Firr to address both inspection #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 5:10:03 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>
404150465	FIR RESOLUTION SUBMITTED
404150472	Telemetry equip removed
404150473	Risers capped and removed

Total Attach: 3 Files