

**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:

05/09/2025

Submitted Date:

05/09/2025

Document Number:

698707445

**FIELD INSPECTION FORM**

Loc ID 309095 Inspector Name: Serna, Abe On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**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

**Findings:**

6 Number of Comments  
0 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 |
|--------------|--------------|----------------------------|---------|
| ,            | 719-846-7898 | cogcc.evergreen@enrllc.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 287977      | WELL | SI     | 03/01/2021  | CBM        | 071-09073 | TIERA 11-21   | SI          |

**General Comment:**

[Wellsite Inspection](#)

**Location**

Overall Good:

**Signs/Marker:**

|                    |                                   |       |  |
|--------------------|-----------------------------------|-------|--|
|                    | Type OTHER                        |       |  |
|                    | Comment: Well sign on meter house |       |  |
| Corrective Action: |                                   | Date: |  |

Emergency Contact Number:

Comment:   
 Corrective Action:  Date: \_\_\_\_\_

Overall Good:

**Spills:**

| Type | Area | Volume |  |  |  |
|------|------|--------|--|--|--|
|      |      |        |  |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

|                           |   |  |  |  |       | corrective date |
|---------------------------|---|--|--|--|-------|-----------------|
| Type: Prime Mover         | # 1   |  |  |  |       |                 |
| Comment:                  |   |  |  |  |       |                 |
| Corrective Action:        |   |  |  |  | Date: |                 |
| Type: Deadman # & Marked  | # 4   |  |  |  |       |                 |
| 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. |  |  |  |       |                 |
| Corrective Action:        |   |  |  |  | Date: |                 |
| Type: Bradenhead          | # 1   |  |  |  |       |                 |
| Comment:                  |   |  |  |  |       |                 |
| Corrective Action:        |   |  |  |  | Date: |                 |
| Type: Ancillary equipment | # 1   |  |  |  |       |                 |
| Comment:                  |   |  |  |  |       |                 |
| Corrective Action:        |   |  |  |  | Date: |                 |
| Type: Vertical Separator  | # 1   |  |  |  |       |                 |
| Comment:                  |   |  |  |  |       |                 |
| Corrective Action:        |   |  |  |  | Date: |                 |

**Venting:**

Yes/No NO

|                    |  |       |  |
|--------------------|--|-------|--|
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Flaring:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**

Facility ID: 287977 Type: WELL API Number: 071-09073 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: SI Valve shut at wellhead

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

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

**BradenHead**

Date of Last Brhd Test: 11/20/2011 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

**Reclamation - Storm Water - Pit**

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Ditches          | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**ECMC Comments**

| Comment                            | User   | Date       |
|------------------------------------|--------|------------|
| <a href="#">Routine Inspection</a> | sernaa | 05/09/2025 |

**Attached Documents**

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 698707446    | Photo       | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7043333">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7043333</a> |