

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:
404210168

Date Received:
05/20/2025

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
D.DYKE, TRACY	719-846-7898	tracy.dyke@enrllc.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 716300859
Inspection Date: 04/17/2025 FIR Submit Date: 04/18/2025 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: 334236

Location Name: DAN-632S65W Number: 30NESE County: LAS ANIMAS
Qtrqr: NESE Sec: 30 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.226710 Longitude: -104.706830

FACILITY - API Number: 05-071- -00 Facility ID: 89161

Facility Name: DAN Number: 43-30 TR
Qtrqr: NESE Sec: 30 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.226710 Longitude: -104.706830

CORRECTIVE ACTIONS:

1 CA# 204268

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002.(2).D Date: 04/28/2025

Response: CA COMPLETED Date of Completion: 05/19/2025

Operator Comment: Stains removed from location per rule 1002.(2)D

ECMC Decision: _____

ECMC
Representative:

2 CA# 204269

Corrective Action: RE-POSITION FLOWLINE AND ANCHOR TO PREVENT ANY PRODUCED WATER TO FLOW ON LOCATION.

Date: 04/18/2025

Response: CA COMPLETED

Date of Completion: 05/19/2025

Operator
Comment: Flowline moved to pit and secured

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: 5/20/2025 11:12:57 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>
404210168	FIR RESOLUTION SUBMITTED
404210173	Stains removed
404210671	Flowline moved and secured

Total Attach: 3 Files