

**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:

06/27/2025

Submitted Date:

06/27/2025

Document Number:

716301177

FIELD INSPECTION FORM

Loc ID 333729 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:

8 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 |
|-------------------------|--------------|----------------------------|---------------------------------|
| Distribution, Evergreen | 719-846-7898 | cogcc.evergreen@enrllc.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 272707 | WELL | PR | 12/02/2005 | CBM | 071-08106 | CROC 42-9 | PR |
| 280357 | WELL | PR | 09/30/2005 | CBM | 071-08550 | CROC 42-9 TR | PR |

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

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

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| Type | # | Comment | corrective date |
|---------------------------|-----|---|----------------------------|
| Type: Gas Meter Run | # 2 | | |
| | | Comment: BOTH CAL. REPORTS INDICATE GAS METERS HAVE BEEN CALIBRATED WITHIN THE LAST YEAR. | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Bradenhead | # 2 | | |
| | | Comment: BOTH ARE ACCESSABLE | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Deadman # & Marked | # 8 | | |
| | | Comment: <input type="text"/> | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Vertical Separator | # 2 | | |
| | | Comment: <input type="text"/> | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Compressor | # 1 | | |
| | | Comment: TR WELL | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Prime Mover | # 2 | | |
| | | Comment: <input type="text"/> | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Progressive Cavity | # 2 | | |
| | | Comment: <input type="text"/> | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |
| Type: Ancillary equipment | # 2 | | |
| | | Comment: <input type="text"/> | |
| | | Corrective Action: <input type="text"/> | Date: <input type="text"/> |

Venting:

Yes/No NO

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

Flaring:

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

Inspected Facilities

Facility ID: 272707 Type: WELL API Number: 071-08106 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 12/23/2011 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: IS ACCESSABLE

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Facility ID: 280357 Type: WELL API Number: 071-08550 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 12/23/2011 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|--------------|---|
| 716301178 | INSP. PHOTOS | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7118618 |