

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:
404472334

Date Received:
12/15/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10705
Name of Operator: EVERGREEN NATURAL RESOURCES LLC
Address: 1775 SHERMAN ST. #2775
City: DENVER State: CO Zip: 80203

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>D.DYKE, TRACY</u>	<u>719-846-7898</u>	<u>tracy.dyke@enrllc.com</u>
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 716301832
Inspection Date: 12/11/2025 FIR Submit Date: 12/11/2025 FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705
Address: 1775 SHERMAN ST. #2775
City: DENVER State: CO Zip: 80203

LOCATION - Location ID: 309292

Location Name: COWBOY CARL-632S65W Number: 6NWNE County: LAS ANIMAS
Qtrqr: NWNE Sec: 6 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.293620 Longitude: -104.711070

FACILITY - API Number: 05-071-00 Facility ID: 291267

Facility Name: COWBOY CARL Number: 31-6
Qtrqr: NWNE Sec: 6 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.293620 Longitude: -104.711070

CORRECTIVE ACTIONS:

1 CA# 209921

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition. Engineer, operate, and maintain equipment within the manufacturer's recommended specifications per Rule 608.e.

Date: 12/12/2025

Response: CA COMPLETED Date of Completion: 12/12/2025

Operator Comment: Gas leak repairs made and calibration report complete and attached per rule 608.e

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: 12/15/2025 8:06:21 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>
404472334	FIR RESOLUTION SUBMITTED
404472336	Calibration Report

Total Attach: 2 Files