

# State of Colorado Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
404605683

Date Received:  
04/02/2026

## 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>.ENR</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>
<u>Waggoner, Kyle</u>		<u>kyle.waggoner@state.co.us</u>
<u>Serna, Abe</u>		<u>abe.serna@state.co.us</u>

### ECMC INSPECTION SUMMARY:

FIR Document Number: 710500765  
Inspection Date: 03/26/2026 FIR Submit Date: 03/26/2026 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: \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_  
Qtrqtr: NWS Sec: 22 Twp: 33S Range: 65W Meridian: 6  
W  
Latitude: 37.155343 Longitude: -104.665333

#### FACILITY - API Number: 05-071- -00 Facility ID: 119005

Facility Name: SANTISTEVEN Number: \_\_\_\_\_  
Qtrqtr: NWS Sec: 22 Twp: 33S Range: 65W Meridian: 6  
W  
Latitude: 37.155343 Longitude: -104.665333

### CORRECTIVE ACTIONS:

**1** CA# 211904

Corrective Action: Operator shall submit a Form 15, Pit Report to update pit coordinates for Pit Facility ID 119005, per Rule 909.a. In addition, Operator shall update Pit Details to reflect current site conditions to include, current pit status, dimensions, source of produced water, and potential receptors.

Date: 04/27/2026

Response: CA COMPLETED

Date of Completion: 04/01/2026

Operator Comment: F15 submitted

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: 4/2/2026 10:50:04 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

404605688	F15
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Total Attach: 1 Files