

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402246502

Date Received:
11/21/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10705

Name of Operator: EVERGREEN NATURAL RESOURCES LLC

Address: 1801 BROADWAY SUITE 350

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Distribution, Evergreen

cogcc.evergreen@enrllc.com

Tom Beardslee

tom.beardslee@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100166

Inspection Date: 02/11/2019

FIR Submit Date: 02/11/2019

FIR Status: _____

Inspected Operator Information:

Company Name: PIONEER NATURAL RESOURCES USA INC

Company Number: 10084

Address: 5205 N O'CONNOR BLVD STE 200

City: IRVING State: TX Zip: 75039

LOCATION - Location ID: 308137

Location Name: LORENCITO-634S66W Number: 6SWNW County: LAS ANIMAS

Qtrqr: SWN Sec: 6 Twp: 34S Range: 66W Meridian: 6
W

Latitude: 37.113620 Longitude: -104.826700

FACILITY - API Number: 05-071- -00 Facility ID: 262851

Facility Name: LORENCITO Number: 5-6-34-66

Qtrqr: SWN Sec: 6 Twp: 34S Range: 66W Meridian: 6
W

Latitude: 37.113620 Longitude: -104.826700

CORRECTIVE ACTIIONS:

1 CA# 122433

Corrective Action: Comply with Rule 603.f .

Date: 03/11/2019

Response: CA COMPLETED

Date of Completion: 02/26/2019

Operator
Comment: Complied with Rule 603.f

COGCC Decision: _____

COGCC
Representative:

2 CA# 122434

Corrective Action: Comply with Rule 603.f .

Date: 03/11/2019

Response: CA COMPLETED

Date of Completion: 11/26/2019

Operator
Comment:

Complied with Rule 603.f

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see completed WO

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Cheri Morgan

Signed: _____

Title: Regulatory Specialist

Date: 11/21/2019 4:59:14 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 1 Files