

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:
402248721

Date Received:
11/25/2019

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
<u>Tom Beardslee</u>		<u>tom.beardslee@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100160
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: 308511

Location Name: LORENCITO-634S66W Number: 6SWNE County: LAS ANIMAS
Qtrqtr: SWNE Sec: 6 Twp: 34S Range: 66W Meridian: 6
Latitude: 37.113220 Longitude: -104.817380

FACILITY - API Number: 05-071- -00 Facility ID: 273236

Facility Name: LORENCITO Number: 7-6-34-66
Qtrqtr: SWNE Sec: 6 Twp: 34S Range: 66W Meridian: 6
Latitude: 37.113220 Longitude: -104.817380

CORRECTIVE ACTIIONS:

1 CA# 122427

Corrective Action: Comply with Rule 603.f . Date: 02/22/2018

Response: CA COMPLETED Date of Completion: 02/24/2019

Operator Comment: Complied with Rule 603.f Line was dug up and capped

COGCC Decision: _____

COGCC Representative: _____

2 CA# 122428

Corrective Action: COMPLY WITH NTO CONCERNING UNUSED RISERS. Comply with Rule 603.f .

Date: 02/22/2018

Response: CA COMPLETED

Date of Completion: 02/27/2019

Operator Comment: COMPLETED WITH NTO CONCERNING UNUSED RISERS.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Photo

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: 11/25/2019 4:33:36 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