

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:
402249256

Date Received:
11/26/2019

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: 695100312

Inspection Date: 03/08/2019

FIR Submit Date: 03/08/2019

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: 333905

Location Name: SALTY-633S66W Number: 6SENE County: LAS ANIMAS

Qtrqtr: SENE Sec: 6 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.201100 Longitude: -104.813820

FACILITY - API Number: 05-071- -00 Facility ID: 268861

Facility Name: SALTY Number: 42-6

Qtrqtr: SENE Sec: 6 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.201100 Longitude: -104.813820

CORRECTIVE ACTIONS:

1 CA# 123077

Corrective Action: Measure gas per Rule 329.

Date: 04/08/2019

Response: CA COMPLETED

Date of Completion: 03/11/2019

Operator
Comment:

Calibration was completed

COGCC Decision: _____

COGCC
Representative:

2 CA# 123078

Corrective Action: Mark guy line anchors per Rule 1003. a.

Date: 03/29/2019

Response: CA COMPLETED

Date of Completion: 03/21/2019

Operator
Comment: Marked guy line anchors per Rule 1003.a

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: No photos of the CA are available currently

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: 11/26/2019 1:24:28 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: 0 Files