

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:
402249394

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
<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: 695100360
Inspection Date: 03/15/2019 FIR Submit Date: 03/15/2019 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: 308312

Location Name: PACHECO-633S67W Number: 27NESW County: LAS ANIMAS
Qtrqtr: NESW Sec: 27 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.141150 Longitude: -104.875140

FACILITY - API Number: 05-071- -00 Facility ID: 266000

Facility Name: PACHECO Number: 23-27
Qtrqtr: NESW Sec: 27 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.141150 Longitude: -104.875140

CORRECTIVE ACTIIONS:

1 CA# 123263

Corrective Action: Comply with Rule 603.f . Date: 04/15/2019

Response: CA COMPLETED Date of Completion: 03/18/2019

Operator Comment: Complied with Rule 603.f

COGCC Decision: _____

COGCC Representative: _____

2 CA# 123264

Corrective Action: MEASURE GAS ACCORDING TO RULE 329

Date: 04/15/2019

Response: CA COMPLETED

Date of Completion: 03/18/2019

Operator Comment: Calibration has been completed

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Photos

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 2:46:51 PM

ATTACHMENT LIST

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

Document Number	Description
402249397	Pacheco 1
402249398	Pacheco 2
402249399	Pacheco 3
402249400	Pacheco 4
402249401	Pacheco 5

Total Attach: 5 Files