

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:
402250434

Date Received:
11/27/2019

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100628
Inspection Date: 05/10/2019 FIR Submit Date: 05/10/2019 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: 418506

Location Name: ARGON Number: 43-31 County: LAS ANIMAS
Qtrqtr: NESE Sec: 31 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.127060 Longitude: -104.705480

FACILITY - API Number: 05-071-00 Facility ID: 418512

Facility Name: ARGON Number: 43-31
Qtrqtr: NESE Sec: 31 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.127060 Longitude: -104.705480

CORRECTIVE ACTIONS:

1 CA# 125043

Corrective Action: COMPLY WITH RULE 603.f. Date: 06/10/2019

Response: CA COMPLETED Date of Completion: 05/17/2019

Operator Comment: Complied with Rule 603.f.

COGCC Decision: _____

COGCC Representative:

2 CA# 125044

Corrective Action: COMPLY WITH RULE 603.f. REPAIR SOUND WALLS.

Date: 06/10/2019

Response: CA COMPLETED

Date of Completion: 05/17/2019

Operator Comment: Repaired sound walls per Rule 603.f.

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: 11/27/2019 5:31:52 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files