

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:
402352694

Date Received:
03/26/2020

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>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Kosola, Jason</u>		<u>jason.kosola@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901801
Inspection Date: 02/14/2020 FIR Submit Date: 02/14/2020 FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705
Address: 1801 BROADWAY SUITE 350
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 308183

Location Name: BEAN-633S67W Number: 26NWSE County: LAS ANIMAS
Qtrqr: NWSE Sec: 26 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.140610 Longitude: -104.852420

FACILITY - API Number: 05-071-00 Facility ID: 263850

Facility Name: BEAN Number: 33-26
Qtrqr: NWSE Sec: 26 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.140610 Longitude: -104.852420

CORRECTIVE ACTIONS:

1 CA# 136562

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C Date: 03/14/2020

Response: CA COMPLETED Date of Completion: 02/18/2020

Operator Comment: Installed and repaired BMP's per Rule 1002.f.(2)C

COGCC Decision: _____

COGCC
Representative:

2 CA# 136563

Corrective Action: Lack of pit liner or pit liner compromised (Rule 904).
Contact COGCC EPS staff for directives.

Date: 07/05/2018

Response: CA COMPLETED

Date of Completion: 02/18/2020

Operator
Comment: Installed pit liner

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached photo's

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

Print Name: Susan Wolfram

Signed: _____

Title: Sr. Safety Coordinator

Date: 3/26/2020 9:34:31 AM

ATTACHMENT LIST

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

Document Number **Description**

402352701	Bean 33-26
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Total Attach: 1 Files