

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:
402352875

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>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: 689901795
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: 333660

Location Name: HG DURAN-633S67W Number: 27SWSE County: LAS ANIMAS
Qtrqtr: SWSE Sec: 27 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.138590 Longitude: -104.871350

FACILITY - API Number: 05-071-00 Facility ID: 272041

Facility Name: HG DURAN Number: 34-27
Qtrqtr: SWSE Sec: 27 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.138590 Longitude: -104.871350

CORRECTIVE ACTION:

1 CA# 136558

Corrective Action: Repair gate. Date: 02/24/2020

Response: CA COMPLETED Date of Completion: 03/12/2020

Operator Comment: Gate has been repaired

COGCC Decision: _____

COGCC
Representative:

2 CA# 136559

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 03/14/2020

Response: CA COMPLETED

Date of Completion: 03/12/2020

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

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 11:06:36 AM

ATTACHMENT LIST

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

Document Number **Description**

402352880	HG Duran 34-27 Org & TR
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Total Attach: 1 Files