

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:
402435198

Date Received:
06/30/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10705
Name of Operator: EVERGREEN NATURAL RESOURCES LLC
Address: 1875 LAWRENCE ST STE 1150
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: 695101188
Inspection Date: 08/20/2019 FIR Submit Date: 08/20/2019 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: 307426

Location Name: OASIS-633S65W Number: 28SENE County: LAS ANIMAS
Qtrqtr: SENE Sec: 28 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.144333 Longitude: -104.670933

FACILITY - API Number: 05-071- -00 Facility ID: 217648

Facility Name: OASIS Number: 42-28
Qtrqtr: SENE Sec: 28 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.144333 Longitude: -104.670933

CORRECTIVE ACTIONS:

1 CA# 129461

Corrective Action: Remove and dispose impacted material in approved manner, service and maintain equipment and self inspect to prevent recurrence of conditions per 1002.f(2) and 907.

Date: 09/20/2019

Response: CA COMPLETED Date of Completion: 09/20/2019

Operator Comment: Removed and disposed of impacted material and will prevent recurrence of conditions per 1002.f(2) and 907

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: Susan Wolfram

Signed: _____

Title: Sr. Safety Coordinator

Date: 6/30/2020 6:33:58 PM

ATTACHMENT LIST

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

Document Number **Description**

402435201	OASIS 42-28
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Total Attach: 1 Files