

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

Tom Beardslee

tom.beardslee@state.co.us

Distribution, Evergreen

cogcc.evergreen@enrllc.com

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: Approved pending re-inspection

COGCC Representative: PHOTOS SUBMITTED BY OPERATOR ARE NOT SUFFICIENT TO CLEAR THE CA'S. AN ON SIGHT RE-INSPECTION WILL HAVE TO BE PERFORMED.

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.

| <u>Document Number</u> | <u>Description</u> |
|-------------------------------|---------------------------|
| 402435198 | FIR RESOLUTION SUBMITTED |
| 402435201 | OASIS 42-28 |

Total Attach: 2 Files