

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:  
402474145

Date Received:  
08/24/2020

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: 695100589  
Inspection Date: 05/03/2019 FIR Submit Date: 05/03/2019 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: 307507

Location Name: EVERGREEN-633S65W Number: 19SESW County: LAS ANIMAS  
Qtrqtr: SESW Sec: 19 Twp: 33S Range: 65W Meridian: 6  
Latitude: 37.152220 Longitude: -104.716200

FACILITY - API Number: 05-071- -00 Facility ID: 217760

Facility Name: EVERGREEN Number: 24-19  
Qtrqtr: SESW Sec: 19 Twp: 33S Range: 65W Meridian: 6  
Latitude: 37.152220 Longitude: -104.716200

CORRECTIVE ACTIONS:

1 CA# 124883

Corrective Action: Install sign to comply with Rule 210.b. Date: 06/03/2019

Response: CA COMPLETED Date of Completion: 06/03/2019

Operator Comment: Installed sign to comply with Rule 210.b

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Photo

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: 8/24/2020 5:23:45 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> |
|------------------------|--------------------|
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|-----------|-----------------|
| 402474146 | Evergreen 24-19 |
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Total Attach: 1 Files