

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:
402535800

Date Received:
11/19/2020

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: 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>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200715
Inspection Date: 10/08/2020 FIR Submit Date: 10/09/2020 FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705
Address: 1875 LAWRENCE ST STE 1150
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 308687

Location Name: BLAZER-632S67W Number: 1SESW County: LAS ANIMAS
Qtrqr: SESW Sec: 1 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.281060 Longitude: -104.841850

FACILITY - API Number: 05-071-00 Facility ID: 279048

Facility Name: BLAZER Number: 24-1
Qtrqr: SESW Sec: 1 Twp: 32S Range: 67W Meridian: 6
Latitude: 37.281060 Longitude: -104.841850

CORRECTIVE ACTION:

1 CA# 142629

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 603.f. Date: 11/13/2020

Response: CA COMPLETED Date of Completion: 11/17/2020

Operator Comment: Removed unused equipment per rule 603.f.

COGCC Decision: _____

COGCC
Representative:

2 CA# 142630

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

Date: 11/13/2020

Response: CA COMPLETED

Date of Completion: 11/17/2020

Operator
Comment:

Installed and repaired required BMP's per Rule 1002.f.(2)C

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the 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: 11/19/2020 9:47:42 AM

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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402535860	Blazer 24-1
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Total Attach: 1 Files