

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:
402546371

Date Received:
12/03/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101947
Inspection Date: 01/02/2020 FIR Submit Date: 01/02/2020 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: 307630

Location Name: BODDINGTON-632S65W Number: 17NESE County: LAS ANIMAS
Qtrqr: NESE Sec: 17 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.256850 Longitude: -104.689000

FACILITY - API Number: 05-071-00 Facility ID: 217923

Facility Name: BODDINGTON Number: 43-17
Qtrqr: NESE Sec: 17 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.256850 Longitude: -104.689000

CORRECTIVE ACTIONS:

1 CA# 135682

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. Date: 01/03/2020

Response: CA COMPLETED Date of Completion: 01/03/2020

Operator Comment: Secured and fastened all valves, pipes, and fittings to ensure good mechanical condition, inspected at regular intervals and maintained in good mechanical condition per Rule 605.d.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation

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: 12/3/2020 6:26:05 PM

ATTACHMENT LIST

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

Document Number **Description**

402546374	Boddington 43-17 Correspondence
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Total Attach: 1 Files