

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

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.

<u>Document Number</u>	<u>Description</u>
------------------------	--------------------

402546374	Boddington 43-17 Correspondence
-----------	---------------------------------

Total Attach: 1 Files