

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:
402565531

Date Received:
01/04/2021

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200888

Inspection Date: 11/30/2020

FIR Submit Date: 12/01/2020

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: 308078

Location Name: PARSONS-633S66W Number: 29NENE County: LAS ANIMAS

Qtrqr: NENE Sec: 29 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.146970 Longitude: -104.797160

FACILITY - API Number: 05-071-

-00

Facility ID: 260983

Facility Name: PARSONS

Number: 41-29

Qtrqr: NENE Sec: 29 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.146970 Longitude: -104.797160

CORRECTIVE ACTIONS:

1 CA# 144762

Corrective Action: Comply with 1003 rules.

Date: 03/01/2021

Response: CA COMPLETED

Date of Completion: 12/29/2020

Operator Comment: Complied with rules 1003 Rules

COGCC Decision: _____

COGCC
Representative:

2 CA# 144763

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

Date: 01/15/2021

Response: CA COMPLETED

Date of Completion: 12/29/2020

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: 1/4/2021 12:41:05 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>
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402565532	Parson 41-29 Construction
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402565534	Parson 41-29 Seeding
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Total Attach: 2 Files