

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:  
402574300

Date Received:  
01/13/2021

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101222  
Inspection Date: 08/23/2019 FIR Submit Date: 08/23/2019 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: 307436

Location Name: ALBERT-633S65W Number: 15NWSW County: LAS ANIMAS  
Qtrqr: NWS Sec: 15 Twp: 33S Range: 65W Meridian: 6  
W  
Latitude: 37.169790 Longitude: -104.664210

FACILITY - API Number: 05-071-00 Facility ID: 217662

Facility Name: ALBERT Number: 13-15  
Qtrqr: NWS Sec: 15 Twp: 33S Range: 65W Meridian: 6  
W  
Latitude: 37.169790 Longitude: -104.664210

CORRECTIVE ACTIONS:

1 CA# 129636

Corrective Action: REMOVE OR REINSTALL UNUSED EQUIPMENT, COMPLY WITH RULE603.f. Date: 09/23/2019

Response: CA COMPLETED Date of Completion: 09/23/2019

Operator Comment: Removed unused equipment to comply with rule 603.f.

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

COGCC  
Representative:

**2** CA# 129637

Corrective Action: REMOVE UNUSED EQUIPEMNT, COMPLY WITH RULE 603.f.

Date: 09/23/2019

Response: CA COMPLETED

Date of Completion: 09/23/2019

Operator  
Comment: Removed unused equipment to comply with rule 603.f.

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

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached inspection 695103766

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: 1/13/2021 4:55:29 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402574301	Approved Inspection 695103766
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Total Attach: 1 Files