

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:
402608725

Date Received:
02/24/2021

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: 690201174
Inspection Date: 02/17/2021 FIR Submit Date: 02/17/2021 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: 307469

Location Name: WILD BOAR-633S65W Number: 32NENW County: LAS ANIMAS
Qtrqr: NENW Sec: 32 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.133320 Longitude: -104.695810

FACILITY - API Number: 05-071-00 Facility ID: 217703

Facility Name: WILD BOAR Number: 21-32
Qtrqr: NENW Sec: 32 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.133320 Longitude: -104.695810

CORRECTIVE ACTIONS:

1 CA# 146654

Corrective Action: Control and contain spills/releases and clean up per Rule 912 Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 02/19/2021

Response: CA COMPLETED Date of Completion: 02/17/2021

Operator Comment: Controlled and contained spills/releases and clean up per Rule 912 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 608.e.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo

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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: Senior Safety Coordinator

Date: 2/24/2021 9:28:58 AM

ATTACHMENT LIST

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

Document Number **Description**

402608729	Wild Boar 21-32
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Total Attach: 1 Files