

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:
402595009

Date Received:
02/10/2021

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: 695103539
Inspection Date: 11/16/2020 FIR Submit Date: 11/16/2020 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: 420989

Location Name: CLAVE Number: 43-11 County: LAS ANIMAS
Qtrqtr: NESE Sec: 11 Twp: 33S Range: 68W Meridian: 6
Latitude: 37.185380 Longitude: -104.959940

FACILITY - API Number: 05-071-00 Facility ID: 420976

Facility Name: CLAVE Number: 43-11
Qtrqtr: NESE Sec: 11 Twp: 33S Range: 68W Meridian: 6
Latitude: 37.185380 Longitude: -104.959940

CORRECTIVE ACTIONS:

1 CA# 144400

Corrective Action: COMPLY WITH NEW RULE 341. Date: 12/16/2020

Response: CA COMPLETED Date of Completion: 12/16/2020

Operator Comment: Complied with new rule 341

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 144401

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

Date: 02/16/2021

Response: CA COMPLETED

Date of Completion: 01/13/2021

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

COGCC Decision: Approved pending re-inspection

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: Senior Safety Coordinator

Date: 2/10/2021 9:57:20 AM

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> |
|------------------------|--------------------------|
| 402595009 | FIR RESOLUTION SUBMITTED |
| 402596411 | Clave 43-11 |

Total Attach: 2 Files