

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:

402661284

Date Received:

04/16/2021

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: 690201218

Inspection Date: 03/01/2021

FIR Submit Date: 03/02/2021

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: 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# 147018

Corrective Action: Remove unused equipment.

Date: 04/02/2021

Response: CA COMPLETED

Date of Completion: 04/07/2021

Operator
Comment: removed unused equipment

COGCC Decision: Approved

COGCC Representative:	
2	<input checked="" type="checkbox"/> CA# 147019
Corrective Action:	Install or repair required BMPs per Rule 1002.f.(2)C Date: 04/02/2021
Response:	CA COMPLETED Date of Completion: 04/07/2021
Operator Comment:	Installed and repaired BMP's per Rule 1002.f.(2)C
COGCC Decision:	Approved
COGCC Representative:	

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's and inspection for completion of this FIRR

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: 4/16/2021 12:55:58 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>
402661284	FIR RESOLUTION SUBMITTED
402661289	Albert 13-15
402661291	Albert Inspection 402654184

Total Attach: 3 Files