

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:
402672914

Date Received:
04/27/2021

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: 695104304
Inspection Date: 04/26/2021 FIR Submit Date: 04/26/2021 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: 308572

Location Name: SUNDOWN-632S68W Number: 13NWNW County: LAS ANIMAS
Qtrqr: NWN Sec: 13 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.266810 Longitude: -104.955310

FACILITY - API Number: 05-071- -00 Facility ID: 274678

Facility Name: SUNDOWN Number: 11-13
Qtrqr: NWN Sec: 13 Twp: 32S Range: 68W Meridian: 6
Latitude: 37.266810 Longitude: -104.955310

CORRECTIVE ACTIONS:

1 CA# 150148

Corrective Action: REMOVE TRASH FROM IN THE PIT, COMPLY WITH RULE606. Date: 05/10/2021

Response: CA COMPLETED Date of Completion: 04/27/2021

Operator Comment: Removed trash from pit to comply with Rule 606

COGCC Decision: _____

COGCC
Representative:

2 CA# 150149

Corrective Action: Lower fluid level so at least two feet of freeboard exists per Rule 909.c.

Date: 04/27/2021

Response: CA COMPLETED

Date of Completion: 04/27/2021

Operator
Comment:

Lowered fluid level so at least two feet from freeboard per Rule 909.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: 4/27/2021 5:23:38 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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402672916	Sundown 11-13
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Total Attach: 1 Files