

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:

402610386

Date Received:

02/25/2021

**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

Tom Beardslee

tom.beardslee@state.co.us

Inspections, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901040

Inspection Date: 07/22/2019

FIR Submit Date: 07/22/2019

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: PIONEER NATURAL RESOURCES USA INC

Company Number: 10084

Address: 5205 N O'CONNOR BLVD STE 200

City: IRVING State: TX Zip: 75039

LOCATION - Location ID: 334406

Location Name: KEY LARGO-632S67W Number: 30NENE County: LAS ANIMAS

Qtrqtr: NENE Sec: 30 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.236200 Longitude: -104.924150

FACILITY - API Number: 05-071- -00 Facility ID: 295390

Facility Name: KEY LARGO DEEP Number: 41-30

Qtrqtr: NENE Sec: 30 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.236200 Longitude: -104.924150

CORRECTIVE ACTIONS:

1 ☒ CA# 128400

Corrective Action: Comply with 1004.e.  
Control noxious weed growth.

Date: 07/31/2019

Response: CA COMPLETED

Date of Completion: 07/05/2019

Operator Comment: Complied with 1004.e. Control of noxious weed growth could not get a picture till now

COGCC Decision: Approved pending re-inspection

COGCC Representative: Operator will need to monitor during the growing season for weed management.

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please find the attached Photo

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: 2/25/2021 10:34:08 AM

**ATTACHMENT LIST**

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

| <b><u>Document Number</u></b> | <b><u>Description</u></b> |
|-------------------------------|---------------------------|
| 402610386                     | FIR RESOLUTION SUBMITTED  |
| 402610397                     | Key Largo 41-30 Deep      |

Total Attach: 2 Files