

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:

402681078

Date Received:

05/05/2021

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 Contact Name and Telephone:  
Name of Operator: EVERGREEN NATURAL RESOURCES LLC Name: \_\_\_\_\_  
Address: 1875 LAWRENCE ST STE 1150 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: DENVER State: CO Zip: 80202 Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104329  
Inspection Date: 04/29/2021 FIR Submit Date: 04/29/2021 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: 308495

Location Name: MASTERS-632S67W Number: 32NWSE County: LAS ANIMAS  
Qtrqtr: NWSE Sec: 32 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.211740 Longitude: -104.909260

FACILITY - API Number: 05-071-00 Facility ID: 272945

Facility Name: MASTERS Number: 33-32  
Qtrqtr: NWSE Sec: 32 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.211740 Longitude: -104.909260

CORRECTIVE ACTIONS:

1  CA# 150317

Corrective Action: COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181. Date: 05/06/2021

Response: CA COMPLETED Date of Completion: 05/05/2021

Operator Comment: Complied with Rule 1002.f.(2)B, Complied with general provisions of the oil and gas act for wildlife protection and SB-181

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: Sr. Safety Coordinator

Date: 5/5/2021 6:14:49 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>
402681078	FIR RESOLUTION SUBMITTED
402681079	Masters 33-32

Total Attach: 2 Files