

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:

402752832

Date Received:

07/19/2021

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: 695103357

Inspection Date: 09/25/2020

FIR Submit Date: 09/25/2020

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: 333766

Location Name: Foothills Number: 12-36 Tr County: LAS ANIMAS

Qtrqr: SWN Sec: 36 Twp: 32S Range: 67W Meridian: 6
W

Latitude: 37.215480 Longitude: -104.847290

FACILITY - API Number: 05-071- -00 Facility ID: 276457

Facility Name: FOOTHILLS Number: 12-36

Qtrqr: SWN Sec: 36 Twp: 32S Range: 67W Meridian: 6
W

Latitude: 37.215480 Longitude: -104.847290

CORRECTIVE ACTIONS:

1 CA# 142398

Corrective Action: REMOVE ALL TRASH AND DEBREE, COMPLY WITH RULE603.f.

Date: 10/25/2020

Response: CA COMPLETED

Date of Completion: 10/23/2020

Operator Comment: REMOVED ALL TRASH AND DEBREE, COMPLY WITH RULE 603.f.

COGCC Decision: _____

COGCC
Representative:

2 CA# 142399

Corrective Action: PLUMB BRADENHEAD TO SURFACE, COMPLY WITH RULE 608.e.

Date: 10/25/2020

Response: CA COMPLETED

Date of Completion: 10/23/2020

Operator
Comment:

PLUMBED BRADENHEAD TO SURFACE, COMPLY WITH RULE 608.e. new Rule 341

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: 7/19/2021 5:51:10 PM

ATTACHMENT LIST

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

Document Number **Description**

402752834	Foothills 12-36
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Total Attach: 1 Files