

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:  
402848312

Date Received:  
10/20/2021

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                             |
|--------------------------------|-------|-----------------------------------|
| <u>Distribution, Evergreen</u> |       | <u>cogcc.evergreen@enrllc.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200735  
Inspection Date: 10/08/2020 FIR Submit Date: 10/18/2020 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: 308283

Location Name: SONOMA-632S67W Number: 4NESE County: LAS ANIMAS  
Qtrqtr: NESE Sec: 4 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.286380 Longitude: -104.887240

FACILITY - API Number: 05-071-00 Facility ID: 265222

Facility Name: SONOMA Number: 43-4  
Qtrqtr: NESE Sec: 4 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.286380 Longitude: -104.887240

CORRECTIVE ACTIONS:

1  CA# 142776

Corrective Action: Comply with 1004 Rules. Date: 07/22/2014

Response: CA COMPLETED Date of Completion: 10/15/2021

Operator Comment: Complied with 1004 Rules.

COGCC Decision: **Not Approved**

Corrective Action is Incomplete. See recent inspection #690202279.

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: 10/20/2021 5:39:16 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>       |
|------------------------|--------------------------|
| 402848312              | FIR RESOLUTION SUBMITTED |
| 402848313              | Sonoma 43-4              |

Total Attach: 2 Files