

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:

402926360

Date Received:

01/13/2022

FIR RESOLUTION FORM

Overall Status:

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104975

Inspection Date: 10/14/2021

FIR Submit Date: 10/14/2021

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: 333396

Location Name: LOOKING GLASS-632S66W Number: 4SWSE County: LAS ANIMAS

Qtrqr: SWSE Sec: 4 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.282920 Longitude: -104.786110

FACILITY - API Number: 05-071-

-00

Facility ID: 286291

Facility Name: LOOKING GLASS

Number: 34-4 TR

Qtrqr: SWSE Sec: 4 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.282920 Longitude: -104.786110

CORRECTIVE ACTIONS:

1 CA# 156810

Corrective Action:

THIS IS THE SECOND NOTICE FOR THIS SAME CORRECTIVE ACTION FIX LEAKING EQUIPMENT. COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181. 24 HOURS TO REMOVE OILY WASTE OR INSTALL WILDLIFE PROTECTION ON TR WELL PRIME MOVER SKID, 30 DAYS TO REPAIR EQUIPMENT.

Date: 11/14/2021

Response: CA COMPLETED

Date of Completion: 01/06/2022

FIXED CORRECTIVE ACTION LEAKING EQUIPMENT TO COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181.

Operator
Comment:

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: 1/13/2022 6:02:34 PM

ATTACHMENT LIST

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

Document Number **Description**

402926362	Looking Glass 34-4 TR
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Total Attach: 1 Files