

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:

402911103

Date Received:

12/28/2021

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200788

Inspection Date: 11/03/2020

FIR Submit Date: 11/04/2020

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: 386769

Location Name: MAVERICK-633S66W Number: 29SWNW County: LAS ANIMAS

Qtrqr: SWN Sec: 29 Twp: 33S Range: 66W Meridian: 6
W

Latitude: 37.145380 Longitude: -104.808640

FACILITY - API Number: 05-071- -00 Facility ID: 262230

Facility Name: MAVERICK Number: 12-29

Qtrqr: SWN Sec: 29 Twp: 33S Range: 66W Meridian: 6
W

Latitude: 37.145380 Longitude: -104.808640

CORRECTIVE ACTIONS:

1 ☒ CA# 144225

Corrective Action: Comply with 1004 Rules

Date: _____

Response: CA COMPLETED

Date of Completion: 12/13/2021

Operator Comment: Complied with 1004 Rules and fix erosion issues

COGCC Decision: **Not Approved**

COGCC Representative:	Corrective Action is not Completed based on Operator Photos. Rule 1004 requires the access road and location to be recontoured to original contour and reclaimed. Operator has not complied with Rule 1004. Photos show Stormwater management was conducted.
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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: 12/28/2021 8:03:20 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>
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402911103	FIR RESOLUTION SUBMITTED
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402911105	MAVERICK 12-29 & TR
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Total Attach: 2 Files