

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:
402765032

Date Received:
07/29/2021

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 695104513
Inspection Date: 07/07/2021 FIR Submit Date: 07/07/2021 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: 308639

Location Name: SPIRIT MOUNTAIN-631S66W Number: 28SWNE County: LAS ANIMAS
Qtrqr: SWNE Sec: 28 Twp: 31S Range: 66W Meridian: 6
Latitude: 37.319090 Longitude: -104.784510

FACILITY - API Number: 05-071- -00 Facility ID: 277817

Facility Name: SPIRIT MOUNTAIN Number: 32-28
Qtrqr: SWNE Sec: 28 Twp: 31S Range: 66W Meridian: 6
Latitude: 37.319090 Longitude: -104.784510

CORRECTIVE ACTIONS:

1 CA# 152460

Corrective Action: INSTALL SOUND MITIGATION DEVICE (MUFFLER) Date: 07/08/2021

Response: CA COMPLETED Date of Completion: 07/08/2021

Operator Comment: Installed sound mitigation device

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 152731

Corrective Action: Comply with Rule 423. Identify and install control measures.

Date: 07/08/2021

Response: CA COMPLETED

Date of Completion: 07/08/2021

Operator
Comment: Complied with Rule 423. Identified and installed control measures

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached documentation

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: 7/29/2021 4:36:01 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>
402765032	FIR RESOLUTION SUBMITTED
402765035	Spirit Mountain 32-28

Total Attach: 2 Files