

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:

402962991

Date Received:

02/22/2022

FIR RESOLUTION FORM

Overall Status:

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: 695104593

Inspection Date: 07/19/2021

FIR Submit Date: 07/19/2021

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: 308484

Location Name: CASPER-632S65W Number: 16SWSW County: LAS ANIMAS

Qtrqr: SWS Sec: 16 Twp: 32S Range: 65W Meridian: 6
W

Latitude: 37.252570 Longitude: -104.684950

FACILITY - API Number: 05-071-

-00

Facility ID: 272742

Facility Name: CASPER

Number: 14-16

Qtrqr: SWS Sec: 16 Twp: 32S Range: 65W Meridian: 6
W

Latitude: 37.252570 Longitude: -104.684950

CORRECTIVE ACTIONS:

1 CA# 153898

Corrective Action: Comply with general provisions of the oil and gas act for wildlife protection AND SB-181.

Date: 07/26/2021

Response: CA COMPLETED

Date of Completion: 12/22/2021

Operator Comment: Complied with Rule 1002.f.(2)B, Complying with general provisions of the oil and gas act for wildlife protection and SB-181

COGCC Decision: _____

COGCC
Representative:

2 CA# 153899

Corrective Action: COMPLY WITH RULE 606, REMOVE UNUSED EQUIPEMNT AND REMOVE OR MARK UNUSED RIZER.

Date: 08/02/2021

Response: CA COMPLETED

Date of Completion: 12/22/2021

Operator
Comment:

Marked unused riser

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: 2/22/2022 5:54:16 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>
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402962993	Casper 14-16
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Total Attach: 1 Files