

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:

402987223

Date Received:

03/16/2022

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

Inspections, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202629

Inspection Date: 02/25/2022

FIR Submit Date: 02/28/2022

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: 308171

Location Name: WINFREY-634S65W Number: 23SENW County: LAS ANIMAS

Qtrqr: SENW Sec: 23 Twp: 34S Range: 65W Meridian: 6

Latitude: 37.071770 Longitude: -104.641750

FACILITY - API Number: 05-071-00 Facility ID: 263213

Facility Name: WINFREY Number: 22-23

Qtrqr: SENW Sec: 23 Twp: 34S Range: 65W Meridian: 6

Latitude: 37.071770 Longitude: -104.641750

CORRECTIVE ACTIONS:

1 CA# 159900

Corrective Action: Control and contain spills/releases and clean up per Rule 912. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.

Date: 03/02/2022

Response: CA COMPLETED

Date of Completion: 03/16/2022

Operator Comment: Controlled and contained spills/releases and cleaned up per Rule 912. Securely fastened all valves, pipes, and fittings to ensure good mechanical condition, inspected at regular intervals and maintained in good mechanical condition per Rule 608.

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: 3/16/2022 6:30:24 PM

ATTACHMENT LIST

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

Document Number **Description**

402987224	Winfrey 22-23
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Total Attach: 1 Files