

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:

403012082

Date Received:

04/12/2022

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
Costa, Ryan		ryan.costa@state.co.us
Distribution, Evergreen		cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105311
Inspection Date: 12/20/2021 FIR Submit Date: 12/20/2021 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: 333693

Location Name: WESTON DEEP-633S67W Number: 23SESW County: LAS ANIMAS
Qtrqtr: SESW Sec: 23 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.151380 Longitude: -104.859260

FACILITY - API Number: 05-071-00 Facility ID: 265219

Facility Name: COMPRESSOR STATION Number: 24-23 TR
Qtrqtr: SESW Sec: 23 Twp: 33S Range: 67W Meridian: 6
Latitude: 37.151380 Longitude: -104.859260

CORRECTIVE ACTIONS:

1 CA# 158800

Corrective Action: Install sign to comply with Rule 605. THIS IS THE SECOND NOTICE FOR THIS CORRECTIVE ACTION. IMMEDIATE ACTION REQUIRED. Date:

Response: CA COMPLETED Date of Completion: 04/06/2022

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

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's

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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: 4/12/2022 9:03:40 AM

ATTACHMENT LIST

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

Document Number **Description**

403012088	Compressor Station 24-23 TR
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Total Attach: 1 Files