

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: 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

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: Approved via an AMI

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: 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.

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403012082	FIR RESOLUTION SUBMITTED
403012088	Compressor Station 24-23 TR

Total Attach: 2 Files