

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:
403037218

Date Received:
05/04/2022

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
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106170
Inspection Date: 05/02/2022 FIR Submit Date: 05/02/2022 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: 308939

Location Name: DROP OUT-633S66W Number: 8SESW County: LAS ANIMAS
Qtrqr: SESW Sec: 8 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.179860 Longitude: -104.804270

FACILITY - API Number: 05-071-00 Facility ID: 285374

Facility Name: DROP OUT Number: 24-8
Qtrqr: SESW Sec: 8 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.179860 Longitude: -104.804270

CORRECTIVE ACTIONS:

1 CA# 161506

Corrective Action: COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181. CA DATE 4-5-21. REPAIR LEAKS IN EQUIPMENT. CA DATE FOR LEAK 6-2-2022. CA DATE FOR OILY WASTE IN SKID 5 -3-2022.

Date: 06/02/2022

Response: CA COMPLETED Date of Completion: 05/03/2022

Operator Comment: Complied with Rule 1002.f.(2)B, Complied with general provisions of the oil and gas act for wildlife protection and SB-181. (Tightened flange on pump that had very small hydraulic leak.)

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: 5/4/2022 8:35:21 AM

ATTACHMENT LIST

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

Document Number **Description**

403037228	Drop Out 24-8 #2
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Total Attach: 1 Files