

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:

403057321

Date Received:

05/23/2022

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

Distribution, Evergreen

719-846-7898

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106303

Inspection Date: 05/17/2022

FIR Submit Date: 05/17/2022

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: 309090

Location Name: CREIGHTON-631S65W Number: 30SWSE County: LAS ANIMAS

Qtrqr: SWSE Sec: 30 Twp: 31S Range: 65W Meridian: 6

Latitude: 37.311400 Longitude: -104.709910

FACILITY - API Number: 05-071- -00 Facility ID: 287985

Facility Name: CREIGHTON Number: 34-30

Qtrqr: SWSE Sec: 30 Twp: 31S Range: 65W Meridian: 6

Latitude: 37.311400 Longitude: -104.709910

CORRECTIVE ACTIONS:

1 ☒ CA# 162029

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002,.(2).D.

Date: 05/30/2022

Response: CA COMPLETED

Date of Completion: 05/20/2022

Operator Comment: Conducted Maintenance on equipment, cleaned up stained material and reviewed self-inspection to comply with Rule 1002,.(2).D. (Repaired Leaking Equipment)

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: 5/23/2022 6:15:57 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403057321	FIR RESOLUTION SUBMITTED
403057322	Creighton 34-30

Total Attach: 2 Files