

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:

403084491

Date Received:

06/20/2022

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 695106295

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: 309328

Location Name: SPACEMAN-631S66W Number: 26SENW County: LAS ANIMAS

Qtrqr: SENW Sec: 26 Twp: 31S Range: 66W Meridian: 6

Latitude: 37.319140 Longitude: -104.753270

FACILITY - API Number: 05-071- -00 Facility ID: 292460

Facility Name: SPACEMAN Number: 22-26

Qtrqr: SENW Sec: 26 Twp: 31S Range: 66W Meridian: 6

Latitude: 37.319140 Longitude: -104.753270

CORRECTIVE ACTIONS:

1 ☒ CA# 162026

Corrective Action: POST SIGN PER RULE 605.a.

Date: 06/17/2022

Response: CA COMPLETED

Date of Completion: 06/15/2022

Operator Comment: Posted sign per rule 605.a.

COGCC Decision: Approved via an AMI

COGCC
Representative:

2 ☒ CA# 162027

Corrective Action: REMOVE UNUSED RISERS PER RULE 606.

Date: 05/17/2022

Response: CA COMPLETED

Date of Completion: 06/15/2022

Operator
Comment: Removed unused risers per Rule 606.

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: 6/20/2022 6:46:55 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403084491	FIR RESOLUTION SUBMITTED
403084494	Spaceman 22-26

Total Attach: 2 Files