

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

08/23/2022

Submitted Date:

08/23/2022

Document Number:

695106608**FIELD INSPECTION FORM**Loc ID 309295 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1875 LAWRENCE ST STE 1150City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
291270	WELL	PR	08/27/2007	CBM	071-09351	KINKORA 43-32	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	WEEDS		
Comment:	PHOTO 3: WEEDS AROUND WELLHEAD EQUIPMENT. PHOTO 4: WEEDS AROUND METER HOUSE.		
Corrective Action:	MAINTAIN WEEDS AND VEGETATION AROUND WELLHEAD PER RULE606.		Date: 09/03/2022

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:			
Corrective Action:			Date:
Type: Progressive Cavity	# 1		
Comment:	ELECTRIC DRIVE		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

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Inspected FacilitiesFacility ID: 291270 Type: WELL API Number: 071-09351 Status: PR Insp. Status: PR**Producing Well**Comment: Corrective Action: Date: **BradenHead**Date of Last Brhd Test: 09/04/2009Annual Brhd Completed? Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: End Surf Csg Pressure: 0Comment: Corrective Action: Date:

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 300959Lat: 37.037707Long: -104.689090

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment:

Corrective Action

Date: _____

Fencing:Fencing Type: None

Fencing Condition: _____

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment:

Corrective Action

Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	300959	1941835	

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695106609	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5838336