

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:
403187324

Date Received:
10/04/2022

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: <u>10705</u>	Contact Name and Telephone:
Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Name: _____
Address: <u>1875 LAWRENCE ST STE 1150</u>	Phone: () _____ Fax: () _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Kosola, Jason</u>		<u>jason.kosola@state.co.us</u>
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106514
 Inspection Date: 06/29/2022 FIR Submit Date: 06/29/2022 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: 308744

Location Name: BELVEDERE-634S64W Number: 7SWSW County: LAS ANIMAS
 Qtrqr: SWS Sec: 7 Twp: 34S Range: 64W Meridian: 6
W
 Latitude: 37.094010 Longitude: -104.608700

FACILITY - API Number: 05-071-00 Facility ID: 280457

Facility Name: BELVEDERE Number: 14-7
 Qtrqr: SWS Sec: 7 Twp: 34S Range: 64W Meridian: 6
W
 Latitude: 37.094010 Longitude: -104.608700

CORRECTIVE ACTIONS:

1 CA# 162999

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 06/30/2022

Response: CA COMPLETED Date of Completion: 06/30/2022

Secured and fastened all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition,

Operator Comment: inspected at regular intervals and maintained in good mechanical condition per Rule 608.e.

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: 10/4/2022 7:20:47 PM

ATTACHMENT LIST

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

Document Number **Description**

403187326	BELVEDERE 14-7
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Total Attach: 1 Files