

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:

403236288

Date Received:

11/21/2022

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

Inspections, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203555

Inspection Date: 11/08/2022

FIR Submit Date: 11/09/2022

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: 334333

Location Name: AMORE-632S66W Number: 9SWNE County: LAS ANIMAS

Qtrqr: SWNE Sec: 9 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.274690 Longitude: -104.785860

FACILITY - API Number: 05-071- -00 Facility ID: 280687

Facility Name: AMORE Number: 32-9 TR

Qtrqr: SWNE Sec: 9 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.274690 Longitude: -104.785860

CORRECTIVE ACTIONS:

1 ☒ CA# 166039

Corrective Action: Control and contain spills/releases and clean up per Rule 912. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.

Date: 11/11/2022

Response: CA COMPLETED

Date of Completion: 11/10/2022

Operator Comment: Controlled and contained spill release and cleaned per Rule 912. Securely fastened all valves, pipes, and fitting to ensure good mechanical condition, will inspected on regular intervals and maintain in good mechanical condition per Rule 608.

COGCC Decision: Approved

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: 11/21/2022 1:50:19 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403236288	FIR RESOLUTION SUBMITTED
403236292	AMORE 32-9 TR

Total Attach: 2 Files