

**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:

02/01/2023

Submitted Date:

02/07/2023

Document Number:

695107445**FIELD INSPECTION FORM**Loc ID 311883 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 Comments2 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
246	WELL	PR	04/30/2008	GW	071-09486	MARILYN DEEP 24-3	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	PHOTO 4: TANK BATTERY/ NO CONTENTS OR CAPACITY POSTED ON OR AT TANK BATTERY.		
Corrective Action:	Install sign to comply with Rule 605.h.	Date:	03/02/2023

Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____

Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	PHOTO 5: UNUSED EQUIPMENT STORED ON LOCATION (JTS OF 2" PIPE).		
Corrective Action:	REMOVE UNUSED EQUIPMENT PER RULE 606.	Date:	03/02/2023

Overall Good: ☐

Spills:				
Type	Area	Volume		
In Containment: No				
Comment:				
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		

Corrective Action:		Date:	
<u>Venting:</u>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
<u>Flaring:</u>			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	246	Type:	WELL	API Number:	071-09486	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	10/25/2011	Annual Brhd Completed?							
Last Brhd Test Results	Initial Surf Csg Pressure:	0	Fluid Type:						
	End Surf Csg Pressure:	0							
Comment:									
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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT