

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:

403331003

Date Received:

02/27/2023

FIR RESOLUTION FORM

Overall Status:

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: 695107238

Inspection Date: 01/12/2023

FIR Submit Date: 01/12/2023

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: 308334

Location Name: BRUTUS-633S66W Number: 18NWNW County: LAS ANIMAS

Qtrqtr: NWN Sec: 18 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.175780 Longitude: -104.827600

FACILITY - API Number: 05-071-00 Facility ID: 266835

Facility Name: BRUTUS Number: 11-18

Qtrqtr: NWN Sec: 18 Twp: 33S Range: 66W Meridian: 6

Latitude: 37.175780 Longitude: -104.827600

CORRECTIVE ACTIONS:

1 CA# 167004

Corrective Action: REMOVE WEEDS NEAR ALL EQUIPMENT ON LOCATION TO PREVENT FIRE HAZARDS PER RULE 606.

Date: 01/24/2023

Response: CA COMPLETED

Date of Completion: 02/27/2023

Operator Comment: Weeds removed from location and equipment

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 167005

Corrective Action: IDENTIFY THE CONTENTS INSIDE RISER WITH A PERMANENT MARKER OR IF THE RISER IS NOT NECESSARY FOR THE PRODUCTION OF THIS WELL REMOVE IT PER RULE 606.

Date: 02/12/2023

Response: CA COMPLETED

Date of Completion: 02/27/2023

Operator Comment: IDENTIFIED THE CONTENTS INSIDE RISER WITH A PERMANENT MARKER OR IF THE RISER IS NOT NECESSARY FOR THE PRODUCTION OF THIS WELL REMOVE IT PER RULE 606.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed for Brutus 11-18

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tracy Dyke

Signed: _____

Title: Production Technician

Date: 2/27/2023 8:08:18 AM

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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403331026	Photos of weed removal and risers identified
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Total Attach: 1 Files