

State of Colorado Oil and Gas Conservation Commission

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Document Number:
403333635

Date Received:
03/01/2023

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: <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>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695107540
 Inspection Date: 02/08/2023 FIR Submit Date: 02/08/2023 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: 307710

Location Name: OSTRICH-635S65W Number: 5SWNW County: LAS ANIMAS
 Qtrqr: SWN Sec: 5 Twp: 35S Range: 65W Meridian: 6
W
 Latitude: 37.028690 Longitude: -104.700620

FACILITY - API Number: 05-071-00 Facility ID: 89248

Facility Name: OSTRICH Number: 12-05
 Qtrqr: SWN Sec: 5 Twp: 35S Range: 65W Meridian: 6
W
 Latitude: 37.028690 Longitude: -104.700620

CORRECTIVE ACTIONS:

1 CA# 167336

Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o. Date: 03/08/2023

Response: CA COMPLETED Date of Completion: 02/28/2023

Operator Comment: Berm installed for secondary containment per rule 603.o

COGCC Decision: _____

COGCC
Representative:

2 CA# 167337

Corrective Action: Install sign to comply with Rule 605.h.

Date: 02/20/2023

Response: CA COMPLETED

Date of Completion: 02/24/2023

Operator
Comment: New sign installed to comply with rule 605.h

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed

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: 3/1/2023 7:34:13 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>
403333642	Photos of berms
403333644	Photos of new sign

Total Attach: 2 Files