

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:

403112051

Date Received:

04/19/2023

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

Distribution, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200822

Inspection Date: 11/13/2020

FIR Submit Date: 11/16/2020

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: 309243

Location Name: ESME-634S64W Number: 19SESW County: LAS ANIMAS

Qtrqtr: SESW Sec: 19 Twp: 34S Range: 64W Meridian: 6

Latitude: 37.062780 Longitude: -104.608830

FACILITY - API Number: 05-071- -00 Facility ID: 290579

Facility Name: ESME Number: 24-19

Qtrqtr: SESW Sec: 19 Twp: 34S Range: 64W Meridian: 6

Latitude: 37.062780 Longitude: -104.608830

CORRECTIVE ACTIONS:

1 ☒ CA# 144373

Corrective Action: Comply with 1004 Rules

Date: 08/27/2015

Response: CA COMPLETED

Date of Completion: 02/13/2023

Operator Comment: Corrective actions completed per rule 1004

COGCC Decision: Not Approved

The electrical unit was installed for operation of the wellsite. Operator is responsible for removal of utilities and

COGCC Representative: must coordinate removal with electric utility provider. The access road has not been recontoured and reclaimed as stated and shown by Operator's photos.

OPERATOR COMMENT AND SUBMITTAL

Comment: All C/A's have been addressed for this inspection

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: 4/19/2023 2:34:44 PM

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>
403112051	FIR RESOLUTION SUBMITTED
403378097	Location contouring photos

Total Attach: 2 Files