

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:

403453055

Date Received:

07/05/2023

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

Inspections, Evergreen

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690204364

Inspection Date: 06/15/2023

FIR Submit Date: 06/22/2023

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: 308091

Location Name: GALE FORCE-632S67W Number: 8NWNE County: LAS ANIMAS

Qtrqr: NWNE Sec: 8 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.277110 Longitude: -104.908520

FACILITY - API Number: 05-071-

-00

Facility ID: 261526

Facility Name: GALE FORCE Number: 31-8

Qtrqr: NWNE Sec: 8 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.277110 Longitude: -104.908520

CORRECTIVE ACTIONS:

1 CA# 173579

Corrective Action: Maintain in good mechanical condition per Rule 608.e

Date: 07/05/2023

Response: CA COMPLETED

Date of Completion: 06/26/2023

Operator
Comment:

Impacted soil and equipment cleaned and removed per rule 608.e

COGCC Decision:

COGCC
Representative: _____

2 CA# 173580

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes.

Date: 06/21/2023

Response: CA COMPLETED

Date of Completion: 06/26/2023

Operator
Comment: Impacted soil and equipment cleaned and removed

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

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: 7/5/2023 9:34:44 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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403453062	Gale Force clean up photos
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Total Attach: 1 Files