

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:

403460341

Date Received:

07/11/2023

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

cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202766

Inspection Date: 04/04/2022

FIR Submit Date: 04/08/2022

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: 386609

Location Name: FRIG-632S65W Number: 22SWSE County: LAS ANIMAS

Qtrqtr: SWSE Sec: 22 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.238610 Longitude: -104.655900

FACILITY - API Number: 05-071-

-00

Facility ID: 217944

Facility Name: FRIG

Number: 34-22

Qtrqtr: SWSE Sec: 22 Twp: 32S Range: 65W Meridian: 6

Latitude: 37.238610 Longitude: -104.655900

CORRECTIVE ACTIONS:

1 CA# 160882

Corrective Action: Comply with 1004 Rules

Date: 07/16/2008

Response: CA COMPLETED

Date of Completion: 07/10/2023

Operator
Comment:

Please use attached variance to address corrective action

COGCC Decision:

COGCC
Representative: _____

2 CA# 160883

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)

Date: _____

Response: CA COMPLETED

Date of Completion: 07/10/2023

Operator
Comment: Please use attached variance to address corrective action

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please use variance #403418150 to address corrective actions and NOAV for Frig location

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: 7/11/2023 12:42:52 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>
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403460358	Variance approval
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Total Attach: 1 Files