

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

04/04/2024

Submitted Date:

04/04/2024

Document Number:

695109358

FIELD INSPECTION FORMLoc ID 308297 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10705

Name of Operator: EVERGREEN NATURAL RESOURCES LLC

Address: 1875 LAWRENCE ST STE 1150

City: DENVER State: CO Zip: 80202

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

4 Number of Comments

1 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
265607	WELL	PR	11/15/2013	CBM	071-07783	BUTCH 33-10	PR
282121	WELL	PR	03/18/2006	CBM	071-08649	BUTCH 33-10 TR	PR

General Comment:

Location					
Overall Good: <input checked="" type="checkbox"/>					
Emergency Contact Number:					
Comment:					
Corrective Action:				Date: _____	
Overall Good: <input checked="" type="checkbox"/>					
Spills:					
Type	Area	Volume			
In Containment: No					
Comment:					
<input type="checkbox"/> Multiple Spills and Releases?					
Equipment:				corrective date	
Type: Gas Meter Run		# 2			
Comment:		BOTH CAL. REPORTS INDICATE GAS METERS HAVE BEEN CALIBRATED WITHIN THE LAST YEAR.			
Corrective Action:				Date:	
Type: Compressor		# 2			
Comment:					
Corrective Action:				Date:	
Type: Deadman # & Marked		# 7			
Comment:					
Corrective Action:				Date:	
Type: Vertical Separator		# 2			
Comment:					
Corrective Action:				Date:	
Type: Ancillary equipment		# 2			
Comment:					
Corrective Action:				Date:	
Type: Prime Mover		# 2			
Comment:					
Corrective Action:				Date:	
Type: Bradenhead		# 2			
Comment:		BOTH ARE ACCESSABLE			
Corrective Action:				Date:	
Type: Progressive Cavity		# 2			
Comment:					
Corrective Action:				Date:	
Venting:					
Yes/No		NO			

Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	265607	Type:	WELL	API Number:	071-07783	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:								Date:	
BradenHead									
Date of Last Brhd Test:		10/26/2011		Annual Brhd Completed?					
Last Brhd Test Results		Initial Surf Csg Pressure:		0		Fluid Type:			
		End Surf Csg Pressure:		0					
Comment:									
Corrective Action:								Date:	
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									
Facility ID:	282121	Type:	WELL	API Number:	071-08649	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:								Date:	
BradenHead									
Date of Last Brhd Test:		09/18/2009		Annual Brhd Completed?					
Last Brhd Test Results		Initial Surf Csg Pressure:		0		Fluid Type:			
		End Surf Csg Pressure:		0					
Comment:									
Corrective Action:								Date:	
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: PHOTO 5: OILY/ANTI FREEZE WASTE IN TR WELL COMPRESSOR SKID.

Corrective Action: COMPLY WITH RULE 1002.f.(2)B, Comply with general provisions of the oil and gas act for wildlife protection AND SB-181.

Date: 04/05/2024

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NOPit ID: 285217Lat: 37.185190Long: -104.870629

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Fencing:Fencing Type: None

Fencing Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment: _____

Corrective Action: _____

Date: _____

Attached DocumentsYou can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
403744453	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6496936
695109359	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6496921