

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403896656

Date Received:

08/21/2024

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

ECMC 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
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>
<u>Sanchez, Chris</u>		<u>chris.sanchez@state.co.us</u>
<u>D SANCHEZ, ZEKE</u>	<u>719-890-0376</u>	<u>zeke.sanchez@enrllc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 695109908

Inspection Date: 07/13/2024

FIR Submit Date: 07/13/2024

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: 309562

Location Name: Redbud Number: 44-7 County: LAS ANIMAS

Qtrqtr: SESE Sec: 7 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.267020 Longitude: -104.813620

FACILITY - API Number: 05-071-00 Facility ID: 300078

Facility Name: REDBUD Number: 44-7

Qtrqtr: SESE Sec: 7 Twp: 32S Range: 66W Meridian: 6

Latitude: 37.267020 Longitude: -104.813620

CORRECTIVE ACTIONS:

1 CA# 196753

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606.

Date: 08/13/2024

Response: CA COMPLETED

Date of Completion: 08/21/2024

Operator Comment: Unused equipment removed per rule 606

ECMC Decision: _____

ECMC
Representative:

2 CA# 196754

Corrective Action: THIS IS THE SECOND NOTICE IMMEDIATE ACTION IS REQUIRED.

Date: _____

Response: CA COMPLETED

Date of Completion: 08/21/2024

Operator
Comment:

Pit liner removed and F27 filed

ECMC Decision: _____

ECMC
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: Construction Technician

Date: 8/21/2024 1:26:43 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403896662	Pit liner removed
403896664	Unused equipment removed
403896665	F27 document

Total Attach: 3 Files