

**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:

06/27/2025

Submitted Date:

06/27/2025

Document Number:

716301180**FIELD INSPECTION FORM**Loc ID 333711 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10705Name of Operator: EVERGREEN NATURAL RESOURCES LLCAddress: 1875 LAWRENCE ST STE 1150City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**7 Number of Comments1 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
D DYKE, TRACY	719-846-7898	tracy.dyke@enrllc.com	Insp. w/ca's

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
273657	WELL	SI	02/01/2025	CBM	071-08200	BRICKYARD 41-9TR	SI

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	PHOTO 4: UNUSED EQUIPMENT STORED ON LOCATION (TBG & RODS).		
Corrective Action:	REMOVE UNUSED EQUIPMENT PER RULE 606.		Date: 07/09/2025

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 5		
Comment:			
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:			Date:
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 273657

Type: WELL

API Number: 071-08200

Status: SI

Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder:

Comment: LAST MIT 12/23/2024

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 12/23/2011

Annual Brhd Completed?

Last Brhd Test Results

Initial Surf Csg Pressure: 0

Fluid Type:

End Surf Csg Pressure: 0

Comment: FORM 4 ON FILE

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Attached Documents

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

Document Num	Description	URL
716301181	INSP. PHOTOS	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7118619