

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:  
402255364

Date Received:  
12/05/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10705  
Name of Operator: EVERGREEN NATURAL RESOURCES LLC  
Address: 1801 BROADWAY SUITE 350  
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Tom Beardslee</u>		<u>tom.beardslee@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901162  
Inspection Date: 08/21/2019 FIR Submit Date: 08/22/2019 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705  
Address: 1801 BROADWAY SUITE 350  
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 308372

Location Name: STARSHIP-631S68W Number: 35SWSE County: LAS ANIMAS  
Qtrqtr: SWSE Sec: 35 Twp: 31S Range: 68W Meridian: 6  
Latitude: 37.297700 Longitude: -104.963850

FACILITY - API Number: 05-071-00 Facility ID: 269893

Facility Name: STARSHIP Number: 34-35  
Qtrqtr: SWSE Sec: 35 Twp: 31S Range: 68W Meridian: 6  
Latitude: 37.297700 Longitude: -104.963850

CORRECTIVE ACTIONS:

1  CA# 129521

Corrective Action: Comply with 1004.e. Control noxious weeds.  
Install or repair required BMPs per Rule 1002.f. Repair erosion.  
Remove cross fence at location.

Date: 09/06/2019

Response: CA COMPLETED Date of Completion: 09/05/2019

Operator Comment: Complied with 1004.e. Control of noxious weeds

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: No photos of the CA are available currently

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Cheri Morgan

Signed: \_\_\_\_\_

Title: Regulatory Specialist

Date: 12/5/2019 2:01:25 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402255364	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files