

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:  
402367202

Date Received:  
12/14/2020

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: 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>cogcc.evergreen@enrllc.com</u> |
| <u>Tom Beardslee</u>           |       | <u>tom.beardslee@state.co.us</u>  |

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901176  
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: 308233

Location Name: BANKER-632S67W Number: 16SWNE County: LAS ANIMAS  
Qtrqtr: SWNE Sec: 16 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.259210 Longitude: -104.889970

FACILITY - API Number: 05-071- -00 Facility ID: 264411

Facility Name: BANKER Number: 32-16  
Qtrqtr: SWNE Sec: 16 Twp: 32S Range: 67W Meridian: 6  
Latitude: 37.259210 Longitude: -104.889970

CORRECTIVE ACTIONS:

1 CA# 129526

Corrective Action: Install or repair required BMPs per Rule 1002.f. Date: 09/26/2019

Response: CA COMPLETED Date of Completion: 12/09/2019

Operator Comment: Insalled and repaired the required BMP's per Rule 1002.f.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please see attached Photos

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

Print Name: Susan Wolfram

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

Title: Sr. Safety Coordinator

Date: 12/14/2020 10:40:51 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

|           |              |
|-----------|--------------|
| 402367210 | BANKER 32-16 |
|-----------|--------------|

Total Attach: 1 Files