

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:
402927227

Date Received:
01/14/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 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
Distribution, Evergreen		cogcc.evergreen@enrllc.com
Distribution, Evergreen		cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690202148
Inspection Date: 10/08/2021 FIR Submit Date: 10/11/2021 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: 334233

Location Name: LEFT FIELD-632S65W Number: 29NWNE County: LAS ANIMAS
Qtrqtr: NWNE Sec: 29 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.235590 Longitude: -104.691370

FACILITY - API Number: 05-071-00 Facility ID: 217712

Facility Name: LEFT FIELD Number: 31-29
Qtrqtr: NWNE Sec: 29 Twp: 32S Range: 65W Meridian: 6
Latitude: 37.235590 Longitude: -104.691370

CORRECTIVE ACTIONS:

1 CA# 156705

Corrective Action: Comply with Rule 606 Date: 10/18/2021

Response: CA COMPLETED Date of Completion: 10/22/2021

Operator Comment: Oily rag removed to comply with Rule 606

COGCC Decision: _____

COGCC
Representative:

2 CA# 156706

Corrective Action:

Date: 10/22/2021

Response: CA COMPLETED

Date of Completion: 11/01/2021

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 156707

Corrective Action:

Date: 11/01/2021

Response: CA COMPLETED

Date of Completion: 01/14/2022

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

4 CA# 156708

Corrective Action:

Date: 11/10/2021

Response: CA COMPLETED

Date of Completion: 10/28/2021

Operator
Comment:

COGCC Decision: _____

COGCC
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: Susan Wolfram

Signed: _____

Title: Sr. Safety Coordinator

Date: 1/14/2022 12:34:56 PM

ATTACHMENT LIST

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

Document Number	Description
402927238	1st Left Field 31-29
402927239	Left Field R.O.W.
402927240	Left Field 31-29 Correction

Total Attach: 3 Files