

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:
402429441

Date Received:
06/23/2020

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: 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>dnr_cogccengineering@state.co.us</u>
<u>Pesicka, Conor</u>		<u>tom.beardslee@state.co.us</u>
<u>Distribution, Evergreen</u>		<u>conor.pesicka@state.co.us</u>
		<u>cogcc.evergreen@enrllc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695101868
Inspection Date: 12/05/2019 FIR Submit Date: 12/06/2019 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: 308649

Location Name: HARRIER-632S66W Number: 33SESE County: LAS ANIMAS
Qtrqtr: SESE Sec: 33 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.208850 Longitude: -104.778580

FACILITY - API Number: 05-071-00 Facility ID: 277929

Facility Name: HARRIER Number: 44-33
Qtrqtr: SESE Sec: 33 Twp: 32S Range: 66W Meridian: 6
Latitude: 37.208850 Longitude: -104.778580

CORRECTIVE ACTIONS:

1 CA# 135135

Corrective Action: Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 326 and 208.

Date: 01/05/2020

Response: CA COMPLETED

Date of Completion: 01/16/2020

Operator Comment: Performed a successful mechanical integrity test please see attached form 21 402261540

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached Form 21

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: 6/23/2020 5:22:23 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
------------------------	--------------------

402429447	Form 21
-----------	---------

Total Attach: 1 Files