

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:
402434790

Date Received:
06/30/2020

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
Tom Beardslee		tom.beardslee@state.co.us
Distribution, Evergreen		cogcc.evergreen@enrllc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100814
Inspection Date: 06/06/2019 FIR Submit Date: 06/06/2019 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: 308987

Location Name: BEM-633S66W Number: 19SWNE County: LAS ANIMAS
Qtrqtr: SWNE Sec: 19 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.157900 Longitude: -104.819830

FACILITY - API Number: 05-071-00 Facility ID: 286230

Facility Name: BEM Number: 32-19
Qtrqtr: SWNE Sec: 19 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.157900 Longitude: -104.819830

CORRECTIVE ACTIONS:

1 CA# 125923

Corrective Action: Remove and dispose impacted material in approved manner, service and maintain equipment and self inspect to prevent recurrence of conditions per 1002.f(2) and 907.

Date: 07/06/2019

Response: CA COMPLETED

Date of Completion: 07/05/2019

Operator Comment: Removed and disposed of impacted material and will prevent recurrence of conditions per 1002.f(2) and 907

COGCC Decision: Approved via an AMI

COGCC Representative: CA'S ADDRESSED BASED ON PHOTOS SUBMITTED BY OPERATOR.

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: 6/30/2020 1:35:33 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>
402434790	FIR RESOLUTION SUBMITTED
402434796	BEM 32-19

Total Attach: 2 Files