

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:
402491015

Date Received:
09/16/2020

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>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: 695101778
Inspection Date: 11/20/2019 FIR Submit Date: 11/20/2019 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: 308917

Location Name: CAYLEY-633S66W Number: 24NENW County: LAS ANIMAS
Qtrqtr: NENW Sec: 24 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.163150 Longitude: -104.732190

FACILITY - API Number: 05-071-00 Facility ID: 284892

Facility Name: CAYLEY Number: 21-24
Qtrqtr: NENW Sec: 24 Twp: 33S Range: 66W Meridian: 6
Latitude: 37.163150 Longitude: -104.732190

CORRECTIVE ACTION:

1 CA# 134771

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: 12/20/2019

Response: CA COMPLETED Date of Completion: 12/20/2019

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

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Please find the attached Photo's

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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: 9/16/2020 4:07:30 PM

ATTACHMENT LIST

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

Document Number **Description**

402491016	CAYLEY 21-24
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Total Attach: 1 Files