

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

06/28/2023

Submitted Date:

06/28/2023

Document Number:

695108403

FIELD INSPECTION FORMLoc ID 307662 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**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

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

5 Number of Comments

1 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Sanchez, Chris		chris.sanchez@state.co.us	
Distribution, Evergreen	719-846-7898	cogcc.evergreen@enrllc.com	All Inspections
Kosola, Jason		jason.kosola@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
89186	WELL	PR	03/21/2000	CBM	071-06765	TRINIDAD 32-27	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type

Area

Volume

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Gas Meter Run

1

Comment:

CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.

Corrective Action:

Date:

Type: Vertical Separator

1

Comment:

Corrective Action:

Date:

Type: Deadman # & Marked

4

Comment:

Corrective Action:

Date:

Type: Progressive Cavity

1

Comment:

Corrective Action:

Date:

Type: Bradenhead

1

Comment:

IS ACCESSABLE

Corrective Action:

Date:

Type: Ancillary equipment

1

Comment:

Corrective Action:

Date:

Type: Prime Mover

1

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	89186	Type:	WELL	API Number:	071-06765	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	11/12/2011		Annual Brhd Completed?						
Last Brhd Test Results	Initial Surf Csg Pressure:	0	Fluid Type:						
	End Surf Csg Pressure:	0							
Comment:	FORM 4 IS ON FILE								
Corrective Action:				Date:					

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment:

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NO

Pit ID:

Lat:

Long:

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type:

Liner Condition:

Comment:

NO PIT PERMIT ON FILE

Corrective Action

CONTACT AREA EPS FOR DIRECTIVES

Date:

06/30/2023**Fencing:**

Fencing Type:

Fencing Condition: Adequate

Comment:

Corrective Action

Date:

Netting:

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present: NOOil Accumulation: NO2+ feet Freeboard: YES

Comment:

Corrective Action

Date:

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
403449086	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6164645
695108404	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6164639