

**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

403212557

Date Received:

10/31/2022

OUT OF SERVICE DESIGNATION

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

OPERATOR & CONTACT INFORMATION

OGCC Operator Number: <u>10634</u>	Contact Name and Telephone:
Name of Operator: <u>P O & G OPERATING LLC</u>	Name: <u>Charlotte Nash</u>
Address: <u>5847 SAN FELIPE SUITE 3200</u>	Phone: <u>(713) 589-8186</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77057</u>	Email: <u>charlotte_nash@pogresources.com</u>

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months: 2

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

Please see attached proof of financially capability

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility <u>0</u>	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community <u>0</u>
Within 2000' of a Child Care Center <u>0</u>	
Within 2000' of a High Occupancy Building Unit <u>0</u>	Within High Priority Habitat <u>1</u>
TOTAL NUMBER OF WELLS <u>1</u>	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List <u>0</u>
Valid <u>1</u> Invalid <u>0</u>	

Form Submit Date: 10/31/2022
Plugging Due Date For Wells: 12/31/2027

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
1		017-07421	SCHENK 1	11/01/2022	No	No	No	No	Yes	No

OPERATOR COMMENT AND SUBMITTAL

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Print Name: Charlotte Nash Email: charlotte_nash@pogresources.com
Title: Prod & Regulatory Analyst Date: 10/31/2022

Attachment Check List

Att Doc Num**Name**

403212559	EDD-DESIGNATION
403213208	EVIDENCE OF FINANCIAL CAPABILITY

Total Attach: 2 Files