

State of Colorado  
Energy & Carbon Management Commission



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Document Number:

404272067

Date Received:

07/09/2025

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 10634

Name of Operator: P O & G OPERATING LLC

Address: 5847 SAN FELIPE SUITE 3200

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

#### Additional Operator Contact:

Contact Name

Phone

Email

Sanchez, Chris

chris.sanchez@state.co.us

Nash, Charlotte

713-589-8186

charlotte\_nash@pogresources.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 713602052

Inspection Date: 04/10/2025

FIR Submit Date: 04/11/2025

FIR Status: \_\_\_\_\_

#### Inspected Operator Information:

Company Name: P O & G OPERATING LLC

Company Number: 10634

Address: 5847 SAN FELIPE SUITE 3200

City: HOUSTON State: TX Zip: 77057

#### LOCATION - Location ID: 321839

Location Name: HARKER RANCH MORROW UNIT(HRM-613S43) Number: 12NWSE County: CHEYENNE

Qtrqr: NWSE Sec: 12 Twp: 13S Range: 43W Meridian: 6

Latitude: 38.935400 Longitude: -102.172920

#### FACILITY - API Number: 05-017- -00 Facility ID: 208177

Facility Name: HARKER RANCH MORROW UNIT(HRMU) Number: 4

Qtrqr: NWSE Sec: 12 Twp: 13S Range: 43W Meridian: 6

Latitude: 38.935400 Longitude: -102.172920

### CORRECTIVE ACTIONS:

1 CA# 204036

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.  
Submit Form 19 to report historic spill of impacted material and Contact ECMC EPS staff per Rule 912.b.

Date: 04/14/2025

Response: CA COMPLETED

Date of Completion: 07/08/2025

7/8/2025 Form 19 filed Doc 404268259

Operator Comment:			
ECMC Decision:			
ECMC Representative:			
<b>2</b>	<b>CA# 204037</b>		
Corrective Action:	Comply with the 1003 interim reclamation rules.		Date: _____
Response:	CA COMPLETED		Date of Completion: <u>07/08/2025</u>
Operator Comment:	Remediation and reclamation to continue on location. Quarterly Form 27s will be filed according to rule		
ECMC Decision:			
ECMC Representative:			

<b><u>OPERATOR COMMENT AND SUBMITTAL</u></b>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Charlotte Nash</u>	Signed: _____
Title: <u>Supervisor Regulatory</u>	Date: <u>7/9/2025 6:10:02 AM</u>

### ATTACHMENT LIST

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

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

Total Attach: 0 Files