

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
404272604

Date Received:  
07/09/2025

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

1 of 5 CAs from the FIR responded to on this Form

1 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
<u>Sanchez, Chris</u>		<u>chris.sanchez@state.co.us</u>
<u>Nash, Charlotte</u>		<u>charlotte_nash@pogresources.com</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 713602236  
Inspection Date: 05/28/2025 FIR Submit Date: 06/02/2025 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: 321831

Location Name: HARKER RANCH MORROW UNIT (HR-613S43) Number: 12NESW County: \_\_\_\_\_  
Qtrqr: NESW Sec: 12 Twp: 13S Range: 43W Meridian: 6  
Latitude: 38.935065 Longitude: -102.177749

**FACILITY** - API Number: 05-017-00 Facility ID: 321831

Facility Name: HARKER RANCH MORROW UNIT (HR-613S43) Number: 12NESW  
Qtrqr: NESW Sec: 12 Twp: 13S Range: 43W Meridian: 6  
Latitude: 38.935065 Longitude: -102.177749

**CORRECTIVE ACTIONS:**

**1** CA# 205257

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Report spill or release of E&P waste or produced fluids Remove free fluids and contact ECMC EPS staff per Rule 912.b Date: \_\_\_\_\_

Response: CA COMPLETED Date of Completion: 07/08/2025

Form 19 I filed Doc 404268265 (TB) and Doc 404268263 (WH) filed. Supplemental report to be filed in 10 days. Form 27 to follow w/remediation plan

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: \_\_\_\_\_

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Charlotte Nash Signed: \_\_\_\_\_

Title: Supervisor Regulatory Date: 7/9/2025 11:03:47 AM

**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>
404272604	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files