

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:
404415908

Date Received:
10/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 56680
Name of Operator: MERRION OIL & GAS CORP
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Thompson, Philana</u>	<u>(505) 324-5300</u>	<u>pthompson@merrion.bz</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719000769
Inspection Date: 10/23/2025 FIR Submit Date: 10/23/2025 FIR Status: _____

Inspected Operator Information:

Company Name: MERRION OIL & GAS CORP Company Number: 56680
Address: 610 REILLY AVENUE
City: FARMINGTON State: NM Zip: 87401

LOCATION - Location ID: 334057

Location Name: ANTARES-N33N7W Number: 23SEnw County: LA PLATA
Qtrqr: SEnw Sec: 23 Twp: 33N Range: 7W Meridian: N
Latitude: 37.092320 Longitude: -107.578290

FACILITY - API Number: 05-067-00 Facility ID: 284872

Facility Name: ANTARES Number: 1
Qtrqr: SEnw Sec: 23 Twp: 33N Range: 7W Meridian: N
Latitude: 37.092320 Longitude: -107.578290

CORRECTIVE ACTIONS:

1 CA# 208876

Corrective Action: Control weeds and undesirable vegetation per Rule 606".
Keep areas around wellheads, tanks and separators clear of weeds (potentially
combustible material) per Rule 610.k

Date: 10/07/2025

Response: CA COMPLETED Date of Completion: 10/29/2025

Operator Comment: Weeds removed

ECMC Decision: _____

ECMC Representative: _____

2 CA# 208877

Corrective Action: Install sign or correct sign per rule 605

Date: 10/30/2025

Response: CA COMPLETED

Date of Completion: 10/29/2025

Operator Comment: Placards placed on tanks

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: Philana Thompson

Signed: _____

Title: Regulatory Compliance Spe

Date: 10/30/2025 11:43:02 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>
404415908	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files