

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:
404590865

Date Received:
03/23/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 7 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 25250
Name of Operator: DUGAN PRODUCTION CORP
Address: P O BOX 420
City: FARMINGTON State: NM Zip: 87499-0420

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Wheeler, Cody</u>		<u>Cody.Wheeler@duganproduction.com</u>
<u>Blair, Jamie</u>		<u>jamie.blair@state.co.us</u>
<u>Feil, Tyra</u>		<u>tyrafeil@duganproduction.com</u>
<u>Welsh, Kevin</u>		<u>Kevin.Welsh@duganproduction.com</u>
<u>Yates, Eileen</u>		<u>Eileen.Yates@duganproduction.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 721100203
Inspection Date: 03/04/2026 FIR Submit Date: 03/04/2026 FIR Status: _____

Inspected Operator Information:

Company Name: DUGAN PRODUCTION CORP Company Number: 25250
Address: P O BOX 420
City: FARMINGTON State: NM Zip: 87499-0420

LOCATION - Location ID: 333603

Location Name: ANIMAS-M34N10W Number: 36NESW County: LA PLATA
Qtrqr: NESW Sec: 36 Twp: 34N Range: 10W Meridian: M
Latitude: 37.144490 Longitude: -107.889580

FACILITY - API Number: 05-067-00 Facility ID: 214890

Facility Name: ANIMAS Number: 1
Qtrqr: NESW Sec: 36 Twp: 34N Range: 10W Meridian: M
Latitude: 37.144490 Longitude: -107.889580

CORRECTIVE ACTIONS:

3 CA# 211361

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes to comply with 1002.f.(2).D.

Date: 03/11/2026

Response: CA COMPLETED

Date of Completion: 03/11/2026

Operator Comment: Conducted maintenance on equipment, cleaned up stained material as directed - stained gravel removed, fixed exhaust hose.

ECMC Decision: _____

ECMC Representative: _____

4 CA# 211362

Corrective Action: Install well sign to comply with 605.d.

Date: 05/04/2026

Response: CA COMPLETED

Date of Completion: 03/24/2026

Operator Comment: Placed well sign in front of wellhead.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Attached are photos of the shed - replaced stained gravel and replaced compressor exhaust hose.

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

Print Name: Tyra Feil

Signed: _____

Title: Engineering Assistant

Date: 3/23/2026 12:49:56 PM

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>
404590865	FIR RESOLUTION SUBMITTED
404591045	photos of replaced exhaust hose and replaced stained gravel.

Total Attach: 2 Files