

**State of Colorado  
Energy & Carbon Management Commission**



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**404596914**

**Date Received:**  
**03/26/2026**

**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**

ECMC Operator Number: <u>76830</u>	Contact Name and Telephone:
Name of Operator: <u>SCHMID PROPERTIES INC</u>	Name: <u>William Schmid</u>
Address: <u>PO BOX 389</u>	Phone: <u>(337) 261-1500</u>
City: <u>HICO</u> State: <u>TX</u> Zip: <u>76457</u>	Email: <u>tenniswilliam123@cs.com</u>

**WELL PLUGGING DATA**

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

**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.)

The operator has an option 3 financial assurance plan that was approved 07/24/2023.

**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>0</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: 03/26/2026  
Plugging Due Date For Wells: 03/26/2030

#	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		121-10216	FASSLER 1-28	05/01/2025	No	No	No	No	No	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: Lauren Glazier Email: lglazier@cgrs.com

Title: Consultant Date: 03/26/2026

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

404596977

EDD-DESIGNATION

Total Attach: 1 Files