

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
404255451

Date Received:  
06/25/2025

### FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

2 of 6 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
Nash, Charlotte	281.543.3606	charlotte_nash@pogresources.com
Sanchez, Chris		chris.sanchez@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100253

Inspection Date: 05/30/2025 FIR Submit Date: 06/16/2025 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: 324937

Location Name: LOWE-611S46W Number: 14SWNE County: \_\_\_\_\_

Qtrqtr: SWNE Sec: 14 Twp: 11S Range: 46W Meridian: 6

Latitude: 39.093720 Longitude: -102.528110

FACILITY - API Number: 05-063-00 Facility ID: 488679

Facility Name: Lowe 1B SWD Well Number: \_\_\_\_\_

Qtrqtr: SWNE Sec: 14 Twp: 11S Range: 46W Meridian: 6

Latitude: 39.093720 Longitude: -102.528110

CORRECTIVE ACTIONS:

1 CA# 205653

Corrective Action: Secure access to excavation in accordance with Rule 913.b.(5).B.i and ECMC Guidance 913.b.(5)B i-v. Date: 06/30/2025

Response: CA COMPLETED Date of Completion: 06/19/2025

Operator Comment: Fencing has been installed.

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

ECMC  
Representative:

3 CA# 205655

Corrective Action: Complete flowline and crude oil transfer line abandonments to comply with Rule 1105.e.(4).

Date: 07/16/2025

Response: CA COMPLETED

Date of Completion: 06/19/2025

Operator  
Comment:

Flowline valve line has been removed and has been replaced with collar and bull plug.

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: 6/25/2025 11:33:30 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>
404255451	FIR RESOLUTION SUBMITTED
404255486	Photos
404255489	Photos
404255490	Photos

Total Attach: 4 Files