

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:
404261033

Date Received:
06/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 3 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>713-589-8186</u>	<u>charlotte_nash@pogresources.com</u>
<u>MOORE, CHRISTOPHER</u>	<u>713-244-0779</u>	<u>christopher_moore@pogresources.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713602052
Inspection Date: 04/10/2025 FIR Submit Date: 04/11/2025 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: 321839

Location Name: HARKER RANCH MORROW UNIT(HRM-613S43) Number: 12NWSE County: CHEYENNE
Qtrqr: NWSE Sec: 12 Twp: 13S Range: 43W Meridian: 6
Latitude: 38.935400 Longitude: -102.172920

FACILITY - API Number: 05-017-00 Facility ID: 208177

Facility Name: HARKER RANCH MORROW UNIT(HRMU) Number: 4
Qtrqr: NWSE Sec: 12 Twp: 13S Range: 43W Meridian: 6
Latitude: 38.935400 Longitude: -102.172920

CORRECTIVE ACTIONS:

3 CA# 204038

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C Date: 05/02/2025

Response: CA COMPLETED Date of Completion: 06/27/2025

Surface owner is driving around the cattle guard and states the land is his to do as he needs. The rutting of the

Operator Comment: road has been bladed and culvert has been replaced.

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: 6/30/2025 10:36:45 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>
404261033	FIR RESOLUTION SUBMITTED
404261086	RESPONSE PHOTOS

Total Attach: 2 Files