

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:  
404268882

Date Received:  
07/08/2025

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

1 of 2 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>Nash, Charlotte</u>	<u>281.543.3606</u>	<u>charlotte_nash@pogresources.com</u>
<u>Sanchez, Chris</u>		<u>chris.sanchez@state.co.us</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 717100251  
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: 321926

Location Name: LOWE-616S45W Number: 2NWNE County: CHEYENNE  
Qtrqr: NWNE Sec: 2 Twp: 16S Range: 45W Meridian: 6  
Latitude: 38.694050 Longitude: -102.427610

**FACILITY** - API Number: 05-017-00 Facility ID: 208562

Facility Name: LOWE Number: 1-2R  
Qtrqr: NWNE Sec: 2 Twp: 16S Range: 45W Meridian: 6  
Latitude: 38.694050 Longitude: -102.427610

**CORRECTIVE ACTIONS:**

**2** CA# 205652

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. Date: 07/01/2025

Response: CA COMPLETED Date of Completion: 07/03/2025

Operator Comment: conduit has been capped and abandoned in place.

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

ECMC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 7/8/2025 1:20:15 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

404268882	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files