

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:  
404272063

Date Received:  
07/09/2025

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

1 of 6 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: 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: \_\_\_\_\_  
Qtrqr: 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: \_\_\_\_\_  
Qtrqr: SWNE Sec: 14 Twp: 11S Range: 46W Meridian: 6  
Latitude: 39.093720 Longitude: -102.528110

**CORRECTIVE ACTIONS:**

4 CA# 205656

Corrective Action: Operator shall submit delinquent form(s) for this project. Date: 06/30/2025

Response: CA COMPLETED Date of Completion: 07/08/2025

Operator Comment: Form 19 originally filed 10/14/2024 Doc 403955675; Form 27 filed 7/8/25 Doc 404271966. Quarterly reports to be submitted until final closure is requested.

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: 7/9/2025 5:37:01 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404272063	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files