

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404272067

Date Received:

07/09/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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

Sanchez, Chris

chris.sanchez@state.co.us

Nash, Charlotte

713-589-8186

charlotte_nash@pogresources.com

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:

1 CA# 204036

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.
Submit Form 19 to report historic spill of impacted material and Contact ECMC EPS staff per Rule 912.b.

Date: 04/14/2025

Response: CA COMPLETED

Date of Completion: 07/08/2025

7/8/2025 Form 19 filed Doc 404268259

Operator Comment:			
ECMC Decision:			
ECMC Representative:			
2	CA# 204037		
Corrective Action:	Comply with the 1003 interim reclamation rules.		Date: _____
Response:	CA COMPLETED		Date of Completion: <u>07/08/2025</u>
Operator Comment:	Remediation and reclamation to continue on location. Quarterly Form 27s will be filed according to rule		
ECMC Decision:			
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Charlotte Nash</u>	Signed: _____
Title: <u>Supervisor Regulatory</u>	Date: <u>7/9/2025 6:10:02 AM</u>

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>
404272067	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files