

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:

404272066

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

Sanchez, Chris

chris.sanchez@state.co.us

Nash, Charlotte

713-589-8186

charlotte\_nash@pogresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713602048

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: 321831

Location Name: HARKER RANCH MORROW UNIT (HR-613S43) Number: 12NESW County: \_\_\_\_\_

Qtrqr: NESW Sec: 12 Twp: 13S Range: 43W Meridian: 6

Latitude: 38.935065 Longitude: -102.177749

FACILITY - API Number: 05-017-00 Facility ID: 321831

Facility Name: HARKER RANCH MORROW UNIT (HR-613S43) Number: 12NESW

Qtrqr: NESW Sec: 12 Twp: 13S Range: 43W Meridian: 6

Latitude: 38.935065 Longitude: -102.177749

CORRECTIVE ACTIONS:

1 CA# 204030

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.  
Report spill or release of E&P waste or produced fluids Remove free fluids and contact  
ECMC EPS staff per Rule 912.b.

Date: 04/21/2025

Response: CA COMPLETED

Date of Completion: 07/08/2025

7/8/2025: Form 19 filed for wellhead Doc 404268263 & tank battery Doc 404268265; Supplemental filings to be

Operator Comment: submitted w/in 10 days. Remediation is in progress and quarterly Form 27s will be submitted until full remediation is complete.

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 10:56:53 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>
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Total Attach: 0 Files