

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403755536

Date Received:
04/16/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 47120
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
Address: 501 N DIVISION BLVD
City: PLATTEVILLE State: CO Zip: 80651

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Binschus, Chris		COGCCInspections@Oxy.com chris.binschus@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 713900251
Inspection Date: 01/04/2024 FIR Submit Date: 01/17/2024 FIR Status:

Inspected Operator Information:

Company Name: KERR MCGEE OIL & GAS ONSHORE LP Company Number: 47120
Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779

LOCATION - Location ID: 331920

Location Name: PSC-63N67W Number: 9SENE County: WELD
Qtrqtr: SENE Sec: 9 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.241785 Longitude: -104.889487

FACILITY - API Number: 05-123-00 Facility ID: 268512

Facility Name: PSC Number: 8-9
Qtrqtr: SENE Sec: 9 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.241785 Longitude: -104.889487

CORRECTIVE ACTIONS:

1 CA# 190077

Corrective Action: Comply with Rule 1004. Reseed disturbance areas using a seed mixture requested by the surface owner, or a mixture prescribed by the local county NRCS. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Ensure erosion controls are implemented to stabilize the seeded soil. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management.

Date: 01/04/2024

Response: CA COMPLETED Date of Completion: 04/11/2024

See attached Work Completion Report.

Operator
Comment:

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: Austin Lee

Signed:

Title: Advisor HSE

Date: 4/16/2024 9:36:04 AM

ATTACHMENT LIST

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

Document Number **Description**

403755584	Work Completion Report
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Total Attach: 1 Files