

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:

403824203

Date Received:

06/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

COGCCInspections@Oxy.com

ECMCInspections@oxy.com

Stormo, Drew

drew_stormo@oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713900619

Inspection Date: 05/07/2024

FIR Submit Date: 05/20/2024

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: 416717

Location Name: SCHLAGEL

Number: 10-5HZ PAD

County: _____

Qtrqtr: NWSE

Sec: 5

Twp: 3N

Range: 67W

Meridian: 6

Latitude: 40.253930

Longitude: -104.912758

FACILITY - API Number: 05-123-

-00

Facility ID: 416717

Facility Name: SCHLAGEL

Number: 10-5HZ PAD

Qtrqtr: NWSE

Sec: 5

Twp: 3N

Range: 67W

Meridian: 6

Latitude: 40.253930

Longitude: -104.912758

CORRECTIVE ACTIONS:

1 CA# 195301

Corrective Action: Remove stained soil per Rule 912.a.

Date: 06/20/2024

Response: CA COMPLETED

Date of Completion: 06/04/2024

Operator
Comment: Staining Removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 195302

Corrective Action: Repair erosion and install BMP's to stabilize the well location per Rule 1002.f.

Date: 05/27/2024

Response: CA COMPLETED

Date of Completion: 06/07/2024

Operator
Comment:

Temporary tank pad removed, rill erosion repaired, slopes and berms stabilized with crimped straw mulch and seed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please route to area reclamation specialist.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Drew Stormo

Signed: _____

Title: Advisor HSE Environ Ops

Date: 6/13/2024 1:47:34 PM

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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403824203	FIR RESOLUTION SUBMITTED
403824263	CA Completion Report

Total Attach: 2 Files