

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:

403876637

Date Received:

LOCATION CONSTRUCTION REPORT

Per Rule 407, this form and all required attachments shall be submitted 45 days after the completion of interim reclamation for a new or modified Oil and Gas Location.

OPERATOR INFORMATION

ECMC Operator Number: <u>47120</u>	Contact Name and Telephone:
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Name: <u>Greg Hamilton</u>
Address: <u>P O BOX 173779</u>	Phone: <u>(970) 515-1698</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>Gregory_hamilton@oxy.com</u>

LOCATION IDENTIFICATION

Location ID: <u>483325</u>	Number: <u>6-22HZ</u>
Name: <u>BLUE CHIP</u>	
County: <u>WELD</u>	
QtrQtr: <u>SEnw</u> Sec: <u>22</u> Twp: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
Latitude: <u>40.388364</u> Longitude: <u>-104.880304</u>	

RECLAMATION AND OPERATIONS TIMELINE

Date Interim Reclamation Completed: <u>07/12/2024</u>
Describe the proposed anticipated schedule, by month and year, of the operation phases planned for 1 year following the date the Form 45 is submitted:
<div>Temp Tank Removal - Tanks planned to be removed by 4/12/25 Temp Tank Reclamation - Will take place the month following temp tank removal</div>

SET CONDUCTORS

(No Conductor Provided)

OPERATOR COMMENT AND SUBMITTAL

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

Print Name: <u>Greg Hamilton</u>	Email: <u>Gregory_hamilton@oxy.com</u>
Signature: _____	Title: <u>Sr Regulatory Consultant</u> Date: _____

ATTACHMENT LIST

Att Doc Num	Name
403895643	AS-BUILT LAYOUT DRAWING
403895645	WORKING PAD SURFACE GIS SHP
403895647	LOCATION AND WORKING PAD GIS SHP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)