

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404230229

Date Received:
06/05/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 47120
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
ERIN JOSEPH	970-515-1169	ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100211
Inspection Date: 05/16/2025 FIR Submit Date: 05/27/2025 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: 318552

Location Name: STREAR SIDNEY GU-62N67W Number: 23NWSW County:
Qtrqtr: NWS Sec: 23 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.117948 Longitude: -104.865613

FACILITY - API Number: 05-123-00 Facility ID: 490099

Facility Name: Strear Sidney GU1 Facility Hist Rel Number:
Qtrqtr: NWS Sec: 23 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.117948 Longitude: -104.865613

CORRECTIVE ACTIONS:

1 CA# 205131

Corrective Action: Comply with Rule 606. Date: 06/03/2025

Response: CA COMPLETED Date of Completion: 06/02/2025

Operator Comment: SEE ATTACHED LOCATION PHOTOS

ECMC Decision: _____

ECMC Representative: _____

2 CA# 205132

Corrective Action: Comply with Rule 606.

Date: 06/03/2025

Response: CA COMPLETED

Date of Completion: 06/02/2025

Operator Comment: SEE ATTACHED LOCATION PHOTOS

ECMC Decision: _____

ECMC Representative: _____

3 CA# 205133

Corrective Action: Operator shall comply with Rule 913.b.(5).B.iv. and properly store, handle, and manage all E&P Waste to prevent contamination of stormwater, surface water, Groundwater, and soil.

Date: _____

Response: CA COMPLETED

Date of Completion: 06/02/2025

Operator Comment: SEE ATTACHED LOCATION PHOTOS

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: ERIN JOSEPH

Signed: _____

Title: REGULATORY

Date: 6/5/2025 9:19:40 AM

ATTACHMENT LIST

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

Document Number	Description
404230238	LOCATION PHOTOS

Total Attach: 1 Files