

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:
404382618

Date Received:
10/07/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 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
<u>Wheeler, Steven</u>		<u>steven.wheeler@state.co.us</u>
.		<u>ECMCInspections@oxy.com</u>
		<u>drew_stormo@oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718600745
Inspection Date: 07/02/2025 FIR Submit Date: 07/10/2025 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: 331663

Location Name: MILLER X-62N65W Number: 31SWNE County: _____
Qtrqtr: SWNE Sec: 31 Twp: 2N Range: 65W Meridian: 6
Latitude: 40.096199 Longitude: -104.704820

FACILITY - API Number: 05-123-00 Facility ID: 331663

Facility Name: MILLER X-62N65W Number: 31SWNE
Qtrqtr: SWNE Sec: 31 Twp: 2N Range: 65W Meridian: 6
Latitude: 40.096199 Longitude: -104.704820

CORRECTIVE ACTIONS:

2 CA# 205987

Corrective Action: Conduct additional reclamation according to rule 1004. Control weeds on location. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management.

Date: _____

Response: CA COMPLETED Date of Completion: 09/19/2025

Operator Comment: Maintenance completed

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed.

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: 10/7/2025 3:57:52 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>
404382618	FIR RESOLUTION SUBMITTED
404382638	Work Completion Report

Total Attach: 2 Files