

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
404383217

Date Received:
10/08/2025

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
.		ECMCInspections@oxy.com drew_stormo@oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718600740
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: 422767

Location Name: MILLER X Number: 31-03 County: _____
Qtrqtr: NENW Sec: 31 Twp: 2N Range: 65W Meridian: 6
Latitude: 40.100310 Longitude: -104.708820

FACILITY - API Number: 05-123-00 Facility ID: 422767

Facility Name: MILLER X Number: 31-03
Qtrqtr: NENW Sec: 31 Twp: 2N Range: 65W Meridian: 6
Latitude: 40.100310 Longitude: -104.708820

CORRECTIVE ACTIONS:

1 CA# 205985

Corrective Action: Conduct additional reclamation according to Rule 1004 such as decompaction and cross ripping to a depth of 18 inches. 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: _____

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

Location was maintained. Equipment on location is for ongoing remediation at the tank battery.

Operator
Comment:

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: 10/8/2025 8:36:36 AM

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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404383217	FIR RESOLUTION SUBMITTED
404383223	Work Completion Report

Total Attach: 2 Files