

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:
404454094

Date Received:
12/01/2025

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: 16700
Name of Operator: CHEVRON USA INC
Address: 760 HORIZON DRIVE STE 401
City: GRAND JUNCTION State: CO Zip: 81506

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
<u>Bittner, Dawn</u>		<u>stephaniebittner@chevron.com</u>
<u>Olson, Andrew</u>		<u>AndrewOlson@chevron.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719200449
Inspection Date: 11/14/2025 FIR Submit Date: 11/18/2025 FIR Status:

Inspected Operator Information:

Company Name: CHEVRON USA INC Company Number: 16700
Address: 760 HORIZON DRIVE STE 401
City: GRAND JUNCTION State: CO Zip: 81506

LOCATION - Location ID: 314520

Location Name: WILSON CREEK UNIT-63N94W Number: 26NWSW County:
Qtrqr: NWS W Sec: 26 Twp: 3N Range: 94W Meridian: 6
Latitude: 40.199111 Longitude: -107.914128

FACILITY - API Number: 05-103-00 Facility ID: 314520

Facility Name: WILSON CREEK UNIT-63N94W Number: 26NWSW
Qtrqr: NWS W Sec: 26 Twp: 3N Range: 94W Meridian: 6
Latitude: 40.199111 Longitude: -107.914128

CORRECTIVE ACTIONS:

1 CA# 209515

Corrective Action: Comply with 1002.f. Oil and gas operators shall implement and maintain Best Management Practices (BMPs) at all oil and gas locations to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. BMPs shall be maintained until the facility is abandoned and final reclamation is achieved pursuant to Rule 1004.

Date:

Response: CA COMPLETED

Date of Completion: 11/26/2025

Operator
Comment:

Maintenance has been done on straw wattles. Unused fence panels have been removed.

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: Dawn Bittner

Signed: _____

Title: Administrative Assistant

Date: 12/1/2025 9:38:46 AM

ATTACHMENT LIST

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

Document Number **Description**

404454097	Location Photos
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Total Attach: 1 Files