

State of Colorado Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404462825

Date Received:
12/09/2025

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: 46685
Name of Operator: KINDER MORGAN CO2 CO LLC
Address: 1001 LOUISIANA ST SUITE 1000
City: HOUSTON State: TX Zip: 77002

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

Additional Operator Contact:

Contact Name	Phone	Email
<u>CO2 Source Regulatory</u>		<u>CO2Source_regulatory@kindermorgan.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714002105
Inspection Date: 04/23/2025 FIR Submit Date: 05/05/2025 FIR Status: _____

Inspected Operator Information:

Company Name: SHELL OIL COMPANY Company Number: 78100
Address: P O BOX 576
City: HOUSTON State: TX Zip: 77001

LOCATION - Location ID: 381547

Location Name: FEDERAL 24-40-17-N40N17W Number: 24SWSE County: _____
Qtrqtr: SWSE Sec: 24 Twp: 40N Range: 17W Meridian: N
Latitude: 37.706953 Longitude: -108.675077

FACILITY - API Number: 05-033-00 Facility ID: 381547

Facility Name: FEDERAL 24-40-17-N40N17W Number: 24SWSE
Qtrqtr: SWSE Sec: 24 Twp: 40N Range: 17W Meridian: N
Latitude: 37.706953 Longitude: -108.675077

CORRECTIVE ACTIONS:

1 CA# 204566

Corrective Action: Operator shall provide signed documentation from the BLM for any work to be done, or not done, in a manner that does not comport with ECMC rules; documentation shall be attached to a Form 4 Sundry Notice for ECMC Staff review. Date: 05/19/2025

Response: CA COMPLETED Date of Completion: 12/09/2025

Operator Comment: Kinder Morgan is not required to reclaim the Federal 24-40-17 #1 access road per the United States Forest Service (USFS), the federal surface owner and lead agency with jurisdiction over surface use. See attached correspondence. Form 4 Doc #404463633 submitted on 12/9/2025.

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: JENNA EMERICK

Signed: _____

Title: EHS SPECIALIST

Date: 12/9/2025 11:12:53 AM

ATTACHMENT LIST

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

Document Number **Description**

404463532	Federal Correspondence
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Total Attach: 1 Files