

# 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:  
404663644

Date Received:  
05/19/2026

## 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: 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
<u>ERIN JOSEPH</u>	<u>970-515-1169</u>	<u>ECMCInspections@oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 697602627  
Inspection Date: 05/08/2026 FIR Submit Date: 05/12/2026 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: \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_  
Qtrqtr: NWS Sec: 14 Twp: 1N Range: 68W Meridian: 6  
W  
Latitude: 40.049882 Longitude: -104.978192

FACILITY - API Number: 05-123- -00 Facility ID: 492495

Facility Name: Sweetgrass 12 14 23-14 Number: \_\_\_\_\_  
Facility  
Qtrqtr: NWS Sec: 14 Twp: 1N Range: 68W Meridian: 6  
W  
Latitude: 40.049882 Longitude: -104.978192

CORRECTIVE ACTIONS:

**1** CA# 212853

Corrective Action: Operator shall properly store, handle, transport, treat, recycle, or dispose of E&P waste per Rule 905. Date: 05/26/2026

Response: CA COMPLETED Date of Completion: 05/15/2026

Operator Comment: LOCATION PHOTOS ATTACHED removed the spoil piles that needed to be removed. Backfilled the hydrovac holes that were left open, fixed the panels to encompass the excavation extent, and added signage to the clean spoil piles and fixed berms where needed

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: 5/19/2026 11:11:22 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404663647	LOCATION PHOTOS
-----------	-----------------

Total Attach: 1 Files