

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:
404672885

Date Received:
05/27/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 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
Mickelson, Erik		Erik_Mickelson@oxy.com
ERIN JOSEPH	970-515-1169	ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300335
Inspection Date: 03/19/2026 FIR Submit Date: 03/24/2026 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: 424736

Location Name: OVERLOOK TANK BATTERY Number: 27-30 County:
Qtrqtr: NENE Sec: 30 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.113007 Longitude: -104.924769

FACILITY - API Number: 05-123-00 Facility ID: 489920

Facility Name: Overlook 7-30 Flowline Number:
Qtrqtr: NENE Sec: 30 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.113007 Longitude: -104.924769

CORRECTIVE ACTIONS:

1 CA# 211777

Corrective Action: If soil is to be stockpiled on location Operator shall install a sign to denote if the stockpile is clean or contaminated. If soil stockpile is contaminated Operator will collect a soil sample from underneath the observed soil stockpile area prior to spill closure. Install or repair required BMPs per Rule 1002.f.(2)C

Date: 04/07/2026

Response: OTHER

Operator Comment: A Form 27-Supplemental (Document No. 404551026) was submitted on 3/9/2026 for Remediation Project # 24054. A Form 27-Supplemental (Document No. 404599537) was submitted on 4/9/2026 for Remediation Project # 36832.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 5/27/2026 8:34:56 AM

ATTACHMENT LIST

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

Document Number **Description**

404672885	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files