

State of Colorado Energy & Carbon Management Commission



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

Document Number:
403824203

Date Received:
06/13/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 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 |
|---------------------|-------|--|
| . | | COGCCInspections@Oxy.com |
| <u>Stormo, Drew</u> | | drew_stormo@oxy.com |
| | | ECMCInspections@oxy.com |

ECMC INSPECTION SUMMARY:

FIR Document Number: 713900619
Inspection Date: 05/07/2024 FIR Submit Date: 05/20/2024 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: 416717

Location Name: SCHLAGEL Number: 10-5HZ PAD County: _____
Qtrqtr: NWSE Sec: 5 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.253930 Longitude: -104.912758

FACILITY - API Number: 05-123-00 Facility ID: 416717

Facility Name: SCHLAGEL Number: 10-5HZ PAD
Qtrqtr: NWSE Sec: 5 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.253930 Longitude: -104.912758

CORRECTIVE ACTIONS:

1 CA# 195301

Corrective Action: Remove stained soil per Rule 912.a. Date: 06/20/2024

Response: CA COMPLETED Date of Completion: 06/04/2024

Operator Comment: Staining Removed.

ECMC Decision: _____

ECMC Representative:

2 CA# 195302

Corrective Action: Repair erosion and install BMP's to stabilize the well location per Rule 1002.f.

Date: 05/27/2024

Response: CA COMPLETED

Date of Completion: 06/07/2024

Operator Comment:

Temporary tank pad removed, rill erosion repaired, slopes and berms stabilized with crimped straw mulch and seed.

ECMC Decision: _____

ECMC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please route to area reclamation specialist.

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: 6/13/2024 1:47:34 PM

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> |
|------------------------|----------------------|
| 403824263 | CA Completion Report |

Total Attach: 1 Files