

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:
403858807

Date Received:
07/18/2024

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: 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

Lee, Austin

austin_lee@oxy.com

ECMCInspections@oxy.com

Arthur, Denise

denise.arthur@state.co.us

Adamczyk, Megan

megan.adamczyk@state.co.us

Stormo, Drew

drew_stormo@oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708201403

Inspection Date: 07/09/2024

FIR Submit Date: 07/11/2024

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: 305848

Location Name: WARNER-62N65W

Number: 18NWNW

County: _____

Qtrqtr: NWN
W

Sec: 18

Twp: 2N

Range: 65W

Meridian: 6

Latitude: 40.144510

Longitude: -104.713160

FACILITY - API Number: 05-123-00

Facility ID: 305848

Facility Name: WARNER-62N65W

Number: 18NWNW

Qtrqtr: NWN
W

Sec: 18

Twp: 2N

Range: 65W

Meridian: 6

Latitude: 40.144510

Longitude: -104.713160

CORRECTIVE ACTIONS:

1 CA# 196735

Corrective Action: Comply with Rule 606 and manage weedy vegetation.

Date: 07/19/2024

Response: CA COMPLETED

Date of Completion: 07/17/2024

Date Run: 7/18/2024 Doc [#403858807]

Operator Comment: Operator spoke with tenant farmer, weed whacked weeds around wellhead, along flowline, filled potholes with topsoil. Surface owner and operator agreed to temporarily fix potholes now and during the fall will return and reclaim after last cutting of alfalfa in order for minimal crop disturbance.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions Completed. 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: 7/18/2024 10:59:54 AM

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>
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403858816	Work Completion Report
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Total Attach: 1 Files