

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:
404216318

Date Received:
05/23/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:
1 of 2 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
<u>McCoy, Diane</u>		<u>diane.mccoy@state.co.us</u>
.		<u>ECMCInspections@Oxy.com</u>
		<u>drew_stormo@oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718600172
Inspection Date: 01/06/2025 FIR Submit Date: 01/17/2025 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: 409555

Location Name: HSR-AMATO-61N66W Number: 1NWNW County: WELD
Qtrqtr: NWN Sec: 1 Twp: 1N Range: 66W Meridian: 6
W
Latitude: 40.086768 Longitude: -104.734428

FACILITY - API Number: 05-123-00 Facility ID: 259777

Facility Name: HSR-AMATO Number: 4-1
Qtrqtr: NWN Sec: 1 Twp: 1N Range: 66W Meridian: 6
W
Latitude: 40.086768 Longitude: -104.734428

CORRECTIVE ACTIONS:

2 CA# 201867

Corrective Action: Remove and control noxious weed population. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management. Operator shall submit a Form 4 Final Reclamation Complete notice when the location meets Rule 1004 standards. COGCC may conduct inspections prior to receiving said notice to ensure compliance with Rule 1004.

Date: _____

Response: CA COMPLETED

Date of Completion: 05/22/2025

Operator Comment: Location Maintained.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Location Maintained.

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: 5/23/2025 12:49:44 PM

ATTACHMENT LIST

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

Document Number Description

404216341	Work Completion Report
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Total Attach: 1 Files