

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401268108

Date Received:

04/26/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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

Mike Dinkel

720-929-6000

Mike.Dinkel@anadarko.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 667600073

Inspection Date: 02/01/2017

FIR Submit Date: 02/01/2017

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: 320377

Location Name: DREYER-61S65W Number: 5NESW County: ADAMS

Qtrqr: NESW Sec: 5 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.991172 Longitude: -104.691211

FACILITY - API Number: 05-001- -00 Facility ID: 203571

Facility Name: DREYER Number: 2

Qtrqr: NESW Sec: 5 Twp: 1S Range: 65W Meridian: 6

Latitude: 39.991172 Longitude: -104.691211

CORRECTIVE ACTIONS:

1 CA# 63491

Corrective Action: Remove meter run and riser as per rule 1004.

Date: 05/01/2017

Response: CA COMPLETED

Date of Completion: 05/08/2017

Operator
Comment:

Kerr-McGee has contacted the third-party midstream operator for removal of above ground appurtenances. The equipment will be properly removed by May 8, 2017. A Form 42 will be submitted to document the completion of the equipment removal. The site will then be evaluated for additional reclamation activities post equipment removal.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please route this to Chris Binschus.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Mike Dinkel

Signed: _____

Title: Staff HSE Representative

Date: 4/26/2017 3:22:15 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files