

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:
402285060

Date Received:
01/14/2020

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 |
| <u>Luke Reddy</u> | <u>970-515-1292</u> | <u>luke_reddy@oxy.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 697600686
Inspection Date: 12/05/2019 FIR Submit Date: 12/16/2019 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: 327145

Location Name: HSR CAMPBELL-63N66W Number: 26NWSW County: WELD
Qtrqr: NWS Sec: 26 Twp: 3N Range: 66W Meridian: 6
W
Latitude: 40.194333 Longitude: -104.751365

FACILITY - API Number: 05-123-00 Facility ID: 246424

Facility Name: HSR CAMPBELL Number: 12-26
Qtrqr: NWS Sec: 26 Twp: 3N Range: 66W Meridian: 6
W
Latitude: 40.194333 Longitude: -104.751365

CORRECTIVE ACTIIONS:

1 CA# 135363

Corrective Action: Comply with Rule 603.f . Date: 01/16/2020

Response: CA COMPLETED Date of Completion: 01/14/2020

Operator Comment: The equipment next to location belongs to the surface owner. Oxy representatives have contacted the surface owner and the equipment will be moved away from location.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The equipment next to location belongs to the surface owner. Oxy representatives have contacted the surface owner and the equipment will be moved away from location.

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

Print Name: Luke Reddy Signed: _____

Title: Regulatory Specialist Date: 1/14/2020 10:50:32 AM

ATTACHMENT LIST

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

Document Number **Description**

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