

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:

402577705

Date Received:

01/18/2021

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

Kristina Geno

Phone

720-218-9662

Email

Kristina_Geno@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697002130

Inspection Date: 09/25/2020

FIR Submit Date: 09/25/2020

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: 332146

Location Name: ZABKA-64N67W Number: 15NESW County: _____

Qtrqr: NESW Sec: 15 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.310708 Longitude: -104.879325

FACILITY - API Number: 05-123- -00 Facility ID: 332146

Facility Name: ZABKA-64N67W Number: 15NESW

Qtrqr: NESW Sec: 15 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.310708 Longitude: -104.879325

CORRECTIVE ACTIONS:

1 ☒ CA# 142339

Corrective Action: Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 326 and 208.

Date: 12/31/2020

Response: CA COMPLETED

Date of Completion: 03/17/2020

Operator Comment: A pressure test was conducted back in March for HZ safety prep. Please see attached form 4 outlining further details. Form 5A TAing well has doc #402369667.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: A pressure test was conducted back in March for HZ safety prep. Please see attached form 4 outlining further details.
Form 5A TAing well has doc #402369667.

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

Print Name: Callie Fiddes

Signed: _____

Title: Regulatory Analyst

Date: 1/18/2021 4:51:36 PM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|--------------------------|
| 402577705 | FIR RESOLUTION SUBMITTED |
| 402577707 | Form 4 |

Total Attach: 2 Files