

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

403231694

Date Received:

11/16/2022

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

Erin Joseph

Phone

970-515-1169

Email

COGCCInspections@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697504325

Inspection Date: 11/02/2022

FIR Submit Date: 11/03/2022

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: 323453

Location Name: HALVERSON-64N68W Number: 30SESE County: _____

Qtrqr: SESE Sec: 30 Twp: 4N Range: 68W Meridian: 6

Latitude: 40.278016 Longitude: -105.038576

FACILITY - API Number: 05-123- -00 Facility ID: 323453

Facility Name: HALVERSON-64N68W Number: 30SESE

Qtrqr: SESE Sec: 30 Twp: 4N Range: 68W Meridian: 6

Latitude: 40.278016 Longitude: -105.038576

CORRECTIVE ACTIONS:

1 ☒ CA# 165894

Corrective Action: Operator shall submit a Supplemental Form 27 detailing the following- the type of COGAC, concentration, SDS, and application rate. The reclamation plan shall detail and discuss the backfill plan including depths at which the sand and COGAC will be applied, the subsoil backfill and topsoil material being imported, estimated root depth, and landowner approved seed mixture. See the Final Comments section for more information on subsoil and topsoil requirements.

Date: 11/17/2022

Response: CA COMPLETED

Date of Completion: 11/10/2022

form 27 was filed document # 403223603

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

COGCC Staff approved the Form 27 with conditions of approval.

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: ERIN JOSEPH

Signed: _____

Title: REGULATORY CONSULTANT

Date: 11/16/2022 12:52:22 PM

ATTACHMENT LIST

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

Document Number **Description**

403231694	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files