

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
403486201

Date Received:  
08/03/2023

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

OGCC 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

[COGCCInspections@Oxy.com](mailto:COGCCInspections@Oxy.com)

[Drew\\_Stormo@oxy.com](mailto:Drew_Stormo@oxy.com)

[Austin\\_Lee@oxy.com](mailto:Austin_Lee@oxy.com)

### COGCC INSPECTION SUMMARY:

FIR Document Number: 709400351

Inspection Date: 06/26/2023

FIR Submit Date: 07/06/2023

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: 318587

Location Name: PAUL SCHMIDT GAS UNIT B-62N66W

Number: 20NENE

County: \_\_\_\_\_

Qtrqtr: NENE

Sec: 20

Twp: 2N

Range: 66W

Meridian: 6

Latitude: 40.128090

Longitude: -104.795620

#### FACILITY - API Number: 05-123-

-00

Facility ID: 318587

Facility Name: PAUL SCHMIDT GAS UNIT B-62N66W

Number: 20NENE

Qtrqtr: NENE

Sec: 20

Twp: 2N

Range: 66W

Meridian: 6

Latitude: 40.128090

Longitude: -104.795620

### CORRECTIVE ACTIONS:

1 CA# 174761

Corrective Action: Comply with Rule 606.c.

Date: 07/06/2023

Response: CA COMPLETED

Date of Completion: 07/20/2023

Please reference attached completions report.

Operator  
Comment:

COGCC Decision:

COGCC  
Representative:

3 CA# 174763

Corrective Action: Comply with rule 1002.f.

Date: 07/06/2023

Response: CA COMPLETED

Date of Completion: 07/20/2023

Operator  
Comment:

Please reference attached completions report.

COGCC Decision:

COGCC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: ATTN: Reed Wold

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

Print Name: Tyler Scherden

Signed:

Title: HSE Representative

Date: 8/3/2023 2:59:26 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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403486236	Work Completions Report
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Total Attach: 1 Files