

State of Colorado
Energy & Carbon Management Commission

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



Document Number:

403582387

Date Received:

11/02/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 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: 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: 697602213

Inspection Date: 10/13/2023

FIR Submit Date: 10/26/2023

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: 328854

Location Name: HSR-HOUSE-63N65W Number: 20SENW County: WELD

Qtrqr: SENW Sec: 20 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.213730 Longitude: -104.691287

FACILITY - API Number: 05-123- -00 Facility ID: 248717

Facility Name: HSR-HOUSE Number: 6-20

Qtrqr: SENW Sec: 20 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.213730 Longitude: -104.691287

CORRECTIVE ACTIONS:

1 ☒ CA# 187063

Corrective Action: Complu with Housekeeping Rule 606.

Date: 11/01/2023

Response: CA COMPLETED

Date of Completion: 10/31/2023

Operator
Comment: SEE ATTACHED LOCATION PHOTO

COGCC Decision: Approved

COGCC Representative:			
2	<input checked="" type="checkbox"/> CA# 187064		
Corrective Action:	Operator shall properly treat or dispose of waster in accordance with Rule 905.		Date: <u>11/02/2023</u>
Response:	CA COMPLETED		Date of Completion: <u>10/31/2023</u>
Operator Comment:	SEE ATTACHED LOCATION PHOTO		
COGCC Decision:	Approved		
COGCC Representative:			

OPERATOR COMMENT AND SUBMITTAL	
Comment:	
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>ERIN JOSEPH</u> Signed: _____</p> <p>Title: <u>SR REGULATORY ADVISOR</u> Date: <u>11/2/2023 2:29:30 PM</u></p>	

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>
403582387	FIR RESOLUTION SUBMITTED
403582395	LOCATION PHOTO

Total Attach: 2 Files