

State of Colorado Energy & Carbon Management Commission



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Document Number:
403676429

Date Received:
02/05/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 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>Toni Newville</u>		<u>cogccinspections@oxy.com</u>
<u>Erin Joseph</u>		<u>ECMCInspections@Oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 694100278
Inspection Date: 01/26/2024 FIR Submit Date: 01/31/2024 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: 332625

Location Name: HSR-WEST FARM-63N67W Number: 14NWNW County: _____
Qtrqr: NWN Sec: 14 Twp: 3N Range: 67W Meridian: 6
W
Latitude: 40.231370 Longitude: -104.865690

FACILITY - API Number: 05-123-00 Facility ID: 332625

Facility Name: HSR-WEST FARM-63N67W Number: 14NWNW
Qtrqr: NWN Sec: 14 Twp: 3N Range: 67W Meridian: 6
W
Latitude: 40.231370 Longitude: -104.865690

CORRECTIVE ACTIONS:

1 CA# 191536

Corrective Action: Metal berm needs to be replaced to ensure integrity in the instance of a spill or release.
Repair or install berms or other secondary containment devices per Rule 912.d.(1).

Date: 02/21/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Metal berm does have minor damage; however, it is still functional and would still have integrity as required in the event of a spill.

COGCC Decision: _____

COGCC Representative: _____

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: Toni Newville

Signed: _____

Title: Regulatory

Date: 2/5/2024 8:25:23 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>

Total Attach: 0 Files