

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:

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

Toni Newville

cogccinspections@oxy.com

Erin Joseph

ECMCInspections@Oxy.com

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.

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files