

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: FRQ

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: Approved

COGCC Representative:

[Empty text box for COGCC Representative]

COGCC Supervisor:

Operator shall provide integrity verification with the Form 19.

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

[Empty text box for 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.

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403676429	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files