

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:
403707882

Date Received:
03/05/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 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

Phone

Email

ERIN JOSEPH

970-515-1169

ECMCInspections@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 709400797

Inspection Date: 02/15/2024

FIR Submit Date: 02/27/2024

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: 425469

Location Name: MARRS Number: 28C-28HZ County: _____

Qtrqtr: SWSE Sec: 28 Twp: 1N Range: 66W Meridian: 6

Latitude: 40.015709 Longitude: -104.779476

FACILITY - API Number: 05-123- -00 Facility ID: 425469

Facility Name: MARRS Number: 28C-28HZ

Qtrqtr: SWSE Sec: 28 Twp: 1N Range: 66W Meridian: 6

Latitude: 40.015709 Longitude: -104.779476

CORRECTIVE ACTIONS:

1 CA# 192465

Corrective Action: Comply with rule 606

Date: 03/08/2024

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator
Comment:

SEE ATTACHED LOCATION PHOTOS

COGCC Decision: _____

COGCC Representative:			
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CA# 192466

Corrective Action:	Comply with Rule 606	Date:	03/08/2024
Response:	CA COMPLETED	Date of Completion:	03/04/2024
Operator Comment:	SEE ATTACHED LOCATION PHOTOS		
COGCC Decision:			
COGCC Representative:			

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CA# 192467

Corrective Action:	Comply with Rule 606	Date:	03/08/2024
Response:	CA COMPLETED	Date of Completion:	03/04/2024
Operator Comment:	SEE ATTACHED LOCATION PHOTOS		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name:	ERIN JOSEPH
Signed:	
Title:	SR REGUALTORY ADVISOR
Date:	3/5/2024 9:49:28 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
403707887	LOCATION PHOTO

Total Attach: 1 Files