

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:

403814549

Date Received:

06/05/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC 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

### ECMC INSPECTION SUMMARY:

FIR Document Number: 694100371

Inspection Date: 05/10/2024

FIR Submit Date: 05/16/2024

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: 482472

Location Name: 6-3N-67W NWSW Sanford TB Number: \_\_\_\_\_ County: \_\_\_\_\_  
Location

Qtrqtr: NWS Sec: 6 Twp: 3N Range: 67W Meridian: 6  
W

Latitude: 40.254640 Longitude: -104.941370

### FACILITY - API Number: 05-123- -00 Facility ID: 482472

Facility Name: 6-3N-67W NWSW Sanford TB Number: \_\_\_\_\_  
Location

Qtrqtr: NWS Sec: 6 Twp: 3N Range: 67W Meridian: 6  
W

Latitude: 40.254640 Longitude: -104.941370

### CORRECTIVE ACTIONS:

1 CA# 195234

Corrective Action: Comply with Rule 606

Date: 06/13/2024

Response: CA COMPLETED

Date of Completion: 06/05/2024

Operator  
Comment:

SEE ATTACHEMENTS

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

2 CA# 195235

Corrective Action:	Install or repair required BMPs per Rule 1002.f.(2)C
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Date: 05/30/2024

Response: CA COMPLETED

Date of Completion: 06/05/2024

Operator Comment:	SEE ATTACHMENT
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ECMC Decision: \_\_\_\_\_

ECMC  
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: ERIN JOSEPH

Signed: \_\_\_\_\_

Title: SR REGULATORY ADVISOR

Date: 6/5/2024 11:39:46 AM

## ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403814555	LOCATION PHOTO
403814556	COMPLETION REPORT

Total Attach: 2 Files