

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:
403842862

Date Received:
07/02/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

3 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
<u>ERIN JOSEPH</u>	<u>970-515-1169</u>	<u>ECMCInspections@Oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714201131
Inspection Date: 06/12/2024 FIR Submit Date: 06/14/2024 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: 306737

Location Name: REI H Number: 17-21D County: _____
Qtrqtr: NWN Sec: 17 Twp: 3N Range: 65W Meridian: 6
W
Latitude: 40.229078 Longitude: -104.692138

FACILITY - API Number: 05-123-00 Facility ID: 306737

Facility Name: REI H Number: 17-21D
Qtrqtr: NWN Sec: 17 Twp: 3N Range: 65W Meridian: 6
W
Latitude: 40.229078 Longitude: -104.692138

CORRECTIVE ACTIONS:

1 CA# 195885

Corrective Action: Comply with Rule 606 Date: 06/26/2024

Response: CA COMPLETED Date of Completion: 07/01/2024

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision: Approved via an AMI

ECMC Representative: _____

2 CA# 195886

Corrective Action: Comply with Rule 606. Date: 07/14/2024

Response: CA COMPLETED Date of Completion: 07/01/2024

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision: Approved via an AMI

ECMC Representative: _____

3 CA# 195887

Corrective Action: Comply with Rule 606. Date: 06/26/2024

Response: CA COMPLETED Date of Completion: 07/01/2024

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision: Approved via an AMI

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: 7/2/2024 10:36:00 AM

ATTACHMENT LIST

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

Document Number	Description
403842862	FIR RESOLUTION SUBMITTED
403842875	LOCATION PHOTO
403842878	LOCATION PHOTO
403842879	LOCATION PHOTO

Total Attach: 4 Files