

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:

403870478

Date Received:

07/30/2024

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

ERIN JOSEPH

Phone

970-515-1169

Email

ECMCInspections@oxy.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 708201403

Inspection Date: 07/09/2024

FIR Submit Date: 07/11/2024

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: 305848

Location Name: WARNER-62N65W Number: 18NWNW County: \_\_\_\_\_

Qtrqtr: NWN Sec: 18 Twp: 2N Range: 65W Meridian: 6  
W

Latitude: 40.144510 Longitude: -104.713160

#### FACILITY - API Number: 05-123-00 Facility ID: 305848

Facility Name: WARNER-62N65W Number: 18NWNW

Qtrqtr: NWN Sec: 18 Twp: 2N Range: 65W Meridian: 6  
W

Latitude: 40.144510 Longitude: -104.713160

### CORRECTIVE ACTIONS:

1 CA# 196735

Corrective Action: Comply with Rule 606 and manage weedy vegetation.

Date: 07/19/2024

Response: CA COMPLETED

Date of Completion: 07/25/2024

Operator Comment: Operator spoke with tenant farmer, weed whacked weeds around wellhead, along flowline, filled potholes with topsoil. Surface owner and operator agreed to temporarily fix potholes now and during the fall will return and reclaim after last cutting of alfalfa in order for minimal crop disturbance.

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

ECMC Representative:	
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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: 7/30/2024 11:04:32 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>
403870482	LOCATION PHOTOS

Total Attach: 1 Files