

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:

403870587

Date Received:

07/30/2024

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

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: 714201280

Inspection Date: 07/12/2024

FIR Submit Date: 07/12/2024

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: 309856

Location Name: LUDWIG H-63N65W Number: 6SWNE County: _____

Qtrqtr: SWNE Sec: 6 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.257954 Longitude: -104.705853

FACILITY - API Number: 05-123- -00 Facility ID: 309856

Facility Name: LUDWIG H-63N65W Number: 6SWNE

Qtrqtr: SWNE Sec: 6 Twp: 3N Range: 65W Meridian: 6

Latitude: 40.257954 Longitude: -104.705853

CORRECTIVE ACTIONS:

1 CA# 196762

Corrective Action: Comply with 603.o.

Date: 08/31/2024

Response: CA COMPLETED

Date of Completion: 07/25/2024

Operator
Comment:

SEE ATTACHED PHOTOS

ECMC Decision: _____

	ECMC Representative:			
2	CA# 196763			
Corrective Action:		Comply with Rule 606.	Date: 07/26/2024	
Response:		CA COMPLETED	Date of Completion: 07/25/2024	
Operator Comment:		SEE ATTACHED PHOTOS		
ECMC Decision: _____				
ECMC Representative:				
3	CA# 196764			
Corrective Action:		Comply with rule 603.o.	Date: 08/31/2024	
Response:		CA COMPLETED	Date of Completion: 07/25/2024	
Operator Comment:		SEE ATTACHED PHOTOS		
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: 7/30/2024 11:36:33 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>
403870592	LOCATION PHOTOS

Total Attach: 1 Files