

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:  
403941598

Date Received:  
10/01/2024

**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	Phone	Email
<u>Erik Mickelson</u>		<u>Erik_Mickelson@oxy.com</u>
<u>ERIN JOSEPH</u>	<u>970-515-1169</u>	<u>ECMCInspections@Oxy.com</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 714300066  
Inspection Date: 04/25/2024 FIR Submit Date: 04/29/2024 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: 319384

Location Name: COSLETT GAS UNIT E TRUE-61N68W Number: 1SWSE County: \_\_\_\_\_  
Qtrqr: SWSE Sec: 1 Twp: 1N Range: 68W Meridian: 6  
Latitude: 40.074407 Longitude: -104.949470

**FACILITY** - API Number: 05-123-00 Facility ID: 486472

Facility Name: COSSLETT GU E TRUE 1 FAC Hist. Rel. Number: \_\_\_\_\_  
Qtrqr: SWSE Sec: 1 Twp: 1N Range: 68W Meridian: 6  
Latitude: 40.074407 Longitude: -104.949470

**CORRECTIVE ACTIONS:**

**1** CA# 194782

Corrective Action: Operator shall provide an updated Form 27 for Remediation #33231 with a workplan and timeline for remediation of Spill ID 486472.

Date: 05/13/2024

Response: CA COMPLETED Date of Completion: 07/10/2024

Operator Comment: A Form 27 Supplemental Document No. 403776825 was submitted on 7/10/24. It included the status of the project and a timeline for remediation.

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

ECMC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 10/1/2024 12:28:13 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403941598	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files