

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:
404163265

Date Received:
04/14/2025

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

ECMC INSPECTION SUMMARY:

FIR Document Number: 717900162
Inspection Date: 04/02/2025 FIR Submit Date: 04/09/2025 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: 336625

Location Name: ZADEL Number: 16C-35HZ County: _____
Qtrqtr: SWS Sec: 34 Twp: 4N Range: 67W Meridian: 6
W
Latitude: 40.263880 Longitude: -104.883610

FACILITY - API Number: 05-123- -00 Facility ID: 336625

Facility Name: ZADEL Number: 16C-35HZ
Qtrqtr: SWS Sec: 34 Twp: 4N Range: 67W Meridian: 6
W
Latitude: 40.263880 Longitude: -104.883610

CORRECTIVE ACTIONS:

1 CA# 203955

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 04/23/2025

Response: CA COMPLETED Date of Completion: 04/09/2025

Operator Comment: SEE ATTACHED LOCATION PHOTOS

ECMC Decision: _____

ECMC
Representative:

2 CA# 203956

Corrective Action: Operators will fence or cover open excavations to prevent access when sites are not attended per Rule 913.b.(5)B.i.

Date: 04/23/2025

Response: CA COMPLETED

Date of Completion: 04/09/2025

Operator
Comment:

SEE ATTACHED LOCATION 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: REGULATORY

Date: 4/14/2025 3:13:19 PM

ATTACHMENT LIST

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

Document Number **Description**

404163273	LOCATION PHOTOS
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Total Attach: 1 Files