

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:
404334230

Date Received:
08/28/2025

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: 45898
Name of Operator: KAISER-FRANCIS OIL COMPANY
Address: P O BOX 21468
City: TULSA State: OK Zip: 74121

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Otto Svendsen	918-494-0000	ottos@kfoc.net

ECMC INSPECTION SUMMARY:

FIR Document Number: 707801710
Inspection Date: 07/16/2025 FIR Submit Date: 07/21/2025 FIR Status:

Inspected Operator Information:

Company Name: KAISER-FRANCIS OIL COMPANY Company Number: 45898
Address: P O BOX 21468
City: TULSA State: OK Zip: 74121

LOCATION - Location ID: 450746

Location Name: 32 8N90W TB Location Number: County:
Qtrqr: NENE Sec: 32 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.615040 Longitude: -107.507720

FACILITY - API Number: 05-081- -00 Facility ID: 450747

Facility Name: 32 8N90W Central Battery Number:
Qtrqr: NENE Sec: 32 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.615040 Longitude: -107.507720

CORRECTIVE ACTIONS:

1 CA# 206576

Corrective Action: The Operator will conspicuously post and maintain the date of the last meter calibration in a legible condition at each meter at all times. Date: 08/15/2025

Response: CA COMPLETED Date of Completion: 08/13/2025

Operator Comment: meter card added 8/13/2025

ECMC Decision:

ECMC
Representative:

2 CA# 206577

Corrective Action: All Tanks with a capacity of 10 Barrels or greater will be labeled or posted with the following information:
A. Name of Operator
B. Operator's emergency contact telephone number
C. Tank capacity
D. Tank contents and E. NFPA label or equivalent globally harmonized label

Date: 09/01/2025

Response: CA COMPLETED

Date of Completion: 08/27/2025

Operator
Comment: completed 8/27/2025

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: Christina Opfer

Signed: _____

Title: Regulatory Manager

Date: 8/28/2025 9:09:32 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>
404334230	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files