

State of Colorado
Energy & Carbon Management Commission



Document Number:
404334316

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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: 707801727
Inspection Date: 07/15/2025 FIR Submit Date: 07/31/2025 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: 312779

Location Name: GOVT-WINDER-68N90W Number: 33NENE County:
Qtrqtr: NENE Sec: 33 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.612977 Longitude: -107.489228

FACILITY - API Number: 05-081-00 Facility ID: 312779

Facility Name: GOVT-WINDER-68N90W Number: 33NENE
Qtrqtr: NENE Sec: 33 Twp: 8N Range: 90W Meridian: 6
Latitude: 40.612977 Longitude: -107.489228

CORRECTIVE ACTIONS:

1 CA# 206701

Corrective Action: Date: 09/01/2025

Provide proper signage
 Within 60 days after a new Well is Completed, including each Well on a Multi-Well Site, or an existing sign is replaced or modified, a permanent sign will be conspicuously located at the wellhead and will identify:
 A. The Well name;
 B. The API number; and
 C. Its legal location, including the quarter/quarter section.
 When no associated Tank battery is present at the Oil and Gas Location, the following additional information is required on the Well sign:
 A. Name of the Operator;
 B. Telephone number at which the Operator can be reached at all times;
 C. Telephone number for local emergency services (911 where available); and
 D. The public road used to access the Well.

Response: CA COMPLETED

Date of Completion: 08/27/2025

Operator Comment: posted 8/27/2025

ECMC Decision: _____

ECMC Representative: _____

2 CA# 206702

Corrective Action: Install proper safty equipment/ Eliminate possibility of wildlife or personnel from being harmed from equipment.

Date: 09/01/2025

Response: CA COMPLETED

Date of Completion: 08/27/2025

Operator Comment: belt removed 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 9:32:41 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>

Total Attach: 0 Files