

State of Colorado Energy & Carbon Management Commission



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Document Number:
404337900

Date Received:
09/02/2025

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

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300203
Inspection Date: 07/22/2025 FIR Submit Date: 08/20/2025 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: NENE Sec: 15 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.231385 Longitude: -104.981967

FACILITY - API Number: 05-123-00 Facility ID: 490866

Facility Name: RMF 4C-15HZ Number: _____
Qtrqtr: NENE Sec: 15 Twp: 3N Range: 68W Meridian: 6
Latitude: 40.231385 Longitude: -104.981967

CORRECTIVE ACTIONS:

1 CA# 207341

Corrective Action: Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i±iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19± Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.

Date: 10/09/2025

Response: CA COMPLETED Date of Completion: 09/02/2025

Reports will be submitted in accordance with ECMC 900 Series Rules

Operator
Comment:

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: 9/2/2025 9:39:16 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files