

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

402577708

Date Received:

01/18/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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

Kristina Geno

720-218-9662

Kristina\_Geno@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697002128

Inspection Date: 09/25/2020

FIR Submit Date: 09/25/2020

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: 332144

Location Name: ZABKA-64N67W Number: 15NWSW County: \_\_\_\_\_

Qtrqr: NWS Sec: 15 Twp: 4N Range: 67W Meridian: 6  
W

Latitude: 40.310742 Longitude: -104.884103

FACILITY - API Number: 05-123- -00 Facility ID: 332144

Facility Name: ZABKA-64N67W Number: 15NWSW

Qtrqr: NWS Sec: 15 Twp: 4N Range: 67W Meridian: 6  
W

Latitude: 40.310742 Longitude: -104.884103

CORRECTIVE ACTIONS:

1 CA# 142338

Corrective Action: Perform successful mechanical integrity test. If a successful MIT can not be performed within 30 day CA time the well must be plugged within 3 months per Rule 326 and 208.

Date: 12/31/2020

Response: CA COMPLETED

Date of Completion: 03/15/2020

Operator Comment: A pressure test was conducted back in March for HZ safety prep. Please see attached form 4 outlining further details. Form 5A TAing well has doc #402369660.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: A pressure test was conducted back in March for HZ safety prep. Please see attached form 4 outlining further details.  
Form 5A TAing well has doc #402369660.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Callie Fiddes

Signed: \_\_\_\_\_

Title: Regulatory Analyst

Date: 1/18/2021 4:55:23 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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402577709	Form 4
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Total Attach: 1 Files