

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 Contact Name and Telephone:
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Name: _____
Address: P O BOX 173779 Phone: () _____ Fax: () _____
City: DENVER State: CO Zip: 80217-3779 Email: _____

Additional Operator Contact:

| | | |
|----------------------|---------------------|------------------------------|
| Contact Name | Phone | Email |
| <u>Kristina Geno</u> | <u>720-218-9662</u> | <u>Kristina_Geno@Oxy.com</u> |

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:

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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.

Document Number **Description**

| | |
|-----------|--------|
| 402577709 | Form 4 |
|-----------|--------|

Total Attach: 1 Files