

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:
403362729

Date Received:
04/03/2023

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

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

AUSTIN LEE

AUSTIN.LEE@OXY.COM

ERIN JOSEPH

970-515-1169

cogccinspections@oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708000185

Inspection Date: 10/05/2022

FIR Submit Date: 01/31/2023

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: 305703

Location Name: B & M-62N65W Number: 5NWNW County: _____

Qtrqr: NWN Sec: 5 Twp: 2N Range: 65W Meridian: 6
W

Latitude: 40.173478 Longitude: -104.695133

FACILITY - API Number: 05-123-00 Facility ID: 305703

Facility Name: B & M-62N65W Number: 5NWNW

Qtrqr: NWN Sec: 5 Twp: 2N Range: 65W Meridian: 6
W

Latitude: 40.173478 Longitude: -104.695133

CORRECTIVE ACTIONS:

1 CA# 167563

Corrective Action: Comply with Rule 1004. Refer to "Comment" under "COGCC Comments section" at the end of this inspection report for Corrective Action date details. Collaborate with the landowner to allow reclamation work to be conducted in such a manner as to not interfere with agricultural activities or crop production.

Date: 05/15/2023

Response: CA COMPLETED

Date of Completion: 04/03/2023

Reclaimed in August 2019 at the same time as B&M 12-5. Well reclaim was then superseded by unaffiliated

Operator: midstream activity.
Comment: SEE ATTACHED

COGCC Decision: _____

COGCC
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 CONSULTANT

Date: 4/3/2023 8:22:34 AM

ATTACHMENT LIST

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

Document Number **Description**

403362734	LOCATION PHOTO
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Total Attach: 1 Files