

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403563163

Date Received:  
10/17/2023

## 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

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

### COGCC INSPECTION SUMMARY:

FIR Document Number: 679606345  
Inspection Date: 09/21/2023 FIR Submit Date: 09/21/2023 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: 429182

Location Name: NICHOLS Number: 37N-31HZ County: \_\_\_\_\_  
Qtrqtr: SWSE Sec: 6 Twp: 2N Range: 65W Meridian: 6  
Latitude: 40.161366 Longitude: -104.701913

### FACILITY - API Number: 05-123-00 Facility ID: 429182

Facility Name: NICHOLS Number: 37N-31HZ  
Qtrqtr: SWSE Sec: 6 Twp: 2N Range: 65W Meridian: 6  
Latitude: 40.161366 Longitude: -104.701913

### CORRECTIVE ACTIONS:

**1** CA# 182068

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1). Date: 10/21/2023

Response: CA COMPLETED Date of Completion: 09/26/2023

Operator Comment: THIS ENTIRE BATTERY HAS BEEN SUBMITTED TO ECMC AS "OUT OF SERVICE" NO CALIBRATION NEEDED

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

COGCC Representative: \_\_\_\_\_

**2** CA# 182069

Corrective Action: Comply with Rule 606.

Date: 10/05/2023

Response: CA COMPLETED

Date of Completion: 09/26/2023

Operator Comment: BATTER HAS BEEN SUBMITTED AS OUT OF SERVICE, EQUIPMENT WILL BE RREMOVED WHEN BATTERY IS REMOVED

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: SR REGULATORY ADVISOR

Date: 10/17/2023 1:42:05 PM

**ATTACHMENT LIST**

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

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

Total Attach: 0 Files