

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403649864

Date Received:
01/10/2024

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

0 CA Completed
1 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>ECMCInspections@Oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690012168
Inspection Date: 01/09/2024 FIR Submit Date: 01/09/2024 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: 329100

Location Name: YAMAGUCHI-63N67W Number: 27NWSE County: WELD
Qtrqr: NWSE Sec: 27 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.193800 Longitude: -104.873050

FACILITY - API Number: 05-123-00 Facility ID: 249063

Facility Name: YAMAGUCHI Number: 33-27
Qtrqr: NWSE Sec: 27 Twp: 3N Range: 67W Meridian: 6
Latitude: 40.193800 Longitude: -104.873050

CORRECTIVE ACTIONS:

2 CA# 189931

Corrective Action: Comply with Rule 606 Date: 01/17/2024

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Operator Comment: THE IRRIGATION PIPE IS THE LANDOWNERS AND NOT IN OUR CONTROL TO REMOVE FROM LOCATION

COGCC Decision: **Not Approved**

COGCC Representative: It is the operator's responsibility to ensure that unused equipment or trash is not stored on location. Please coordinate with the landowner to meet this obligation.

COGCC Supervisor: It is the operator's responsibility to ensure that unused equipment or trash is not stored on location. Please coordinate with the landowner to meet this obligation.

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: 1/10/2024 9:38:02 AM

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>
403649864	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files