

State of Colorado  
Energy & Carbon Management Commission



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

Document Number:  
403598343

Date Received:  
11/16/2023

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

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

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC Operator Number: 47120  
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP  
Address: 501 N DIVISION BLVD  
City: PLATTEVILLE State: CO Zip: 80651

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Silver, Randy</u>		<u>randy.silver@state.co.us</u>
.		<u>COGCCinspections@oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713300102  
Inspection Date: 09/13/2023 FIR Submit Date: 09/13/2023 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: 319310

Location Name: DRY CREEK Number: 31-27 County: \_\_\_\_\_  
Qtrqtr: NWN Sec: 27 Twp: 1N Range: 67W Meridian: 6  
W  
Latitude: 40.026260 Longitude: -104.881890

FACILITY - API Number: 05-123- -00 Facility ID: 319310

Facility Name: DRY CREEK Number: 31-27  
Qtrqtr: NWN Sec: 27 Twp: 1N Range: 67W Meridian: 6  
W  
Latitude: 40.026260 Longitude: -104.881890

CORRECTIVE ACTIONS:

2  CA# 181008

Corrective Action: Implement BMP following good engineering practices to minimize stormwater and precipitation. Comply with Rule 1002

Date: 10/13/2023

Response: CA COMPLETED Date of Completion: 11/02/2023

See attached Work Completion Report.

Operator  
Comment:

ECMC Decision: Approved via an AMI

ECMC  
Representative:

Based on photos submitted by operator corrective action appears to have been completed. See FIR inspection Doc# 713300808

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: Austin Lee

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

Title: Advisor HSE Environ Ops

Date: 11/16/2023 12:40:39 PM

### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403598343	FIR RESOLUTION SUBMITTED
403598347	Work Completion Report

Total Attach: 2 Files