

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:
403800347

Date Received:
05/22/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714200979
Inspection Date: 04/30/2024 FIR Submit Date: 04/30/2024 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: 420156

Location Name: HAYMAKER Number: 13C-4HZ County: _____
Qtrqtr: SWS Sec: 9 Twp: 2N Range: 65W Meridian: 6
W
Latitude: 40.147113 Longitude: -104.677164

FACILITY - API Number: 05-123-00 Facility ID: 420156

Facility Name: HAYMAKER Number: 13C-4HZ
Qtrqtr: SWS Sec: 9 Twp: 2N Range: 65W Meridian: 6
W
Latitude: 40.147113 Longitude: -104.677164

CORRECTIVE ACTIONS:

1 CA# 194797

Corrective Action: Comply with Rule 606. Date: 05/14/2024

Response: CA COMPLETED Date of Completion: 05/20/2024

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision: Approved via an AMI

ECMC
Representative:

2 CA# 194798

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 12/02/2023

Response: CA COMPLETED

Date of Completion: 05/07/2024

Operator Comment: DECHANT WELLS DO NOT FLOW THROUGH THE SAME METER AS THE HAYMAKER, HAYMAKER METERS WERE CALLIBRATED 4/30/24 SEE ATTACHED PHOTO. THE DECHANT WELLS ARE ON THE OOS LIST

ECMC Decision: Approved via an AMI

ECMC
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: 5/22/2024 12:27:58 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>
403800347	FIR RESOLUTION SUBMITTED
403800350	LOCATION PHOTOS
403800351	LOCATION PHOTOS

Total Attach: 3 Files