

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:
403941598

Date Received:
10/01/2024

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

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

Erik Mickelson

Erik Mickelson@oxy.com

ERIN JOSEPH

970-515-1169

ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300066

Inspection Date: 04/25/2024

FIR Submit Date: 04/29/2024

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: 319384

Location Name: COSLETT GAS UNIT E TRUE-61N68W Number: 1SWSE County: _____

Qtrqr: SWSE Sec: 1 Twp: 1N Range: 68W Meridian: 6

Latitude: 40.074407 Longitude: -104.949470

FACILITY - API Number: 05-123-00 Facility ID: 486472

Facility Name: COSSLETT GU E TRUE 1 FAC Hist. Rel. Number: _____

Qtrqr: SWSE Sec: 1 Twp: 1N Range: 68W Meridian: 6

Latitude: 40.074407 Longitude: -104.949470

CORRECTIVE ACTIONS:

1 CA# 194782

Corrective Action: Operator shall provide an updated Form 27 for Remediation #33231 with a workplan and timeline for remediation of Spill ID 486472.

Date: 05/13/2024

Response: CA COMPLETED

Date of Completion: 07/10/2024

Operator Comment: A Form 27 Supplemental Document No. 403776825 was submitted on 7/10/24. It included the status of the project and a timeline for remediation.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: 10/1/2024 12:28:13 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files