

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:
403941620

Date Received:
10/01/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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>
<u>Mickelson, Erik</u>		<u>Erik_Mickelson@oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714300132
Inspection Date: 09/11/2024 FIR Submit Date: 09/17/2024 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: 332269

Location Name: VARGAS-62N67W Number: 13NESW County: _____
Qtrqtr: NESW Sec: 13 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.136690 Longitude: -104.841636

FACILITY - API Number: 05-123-00 Facility ID: 332269

Facility Name: VARGAS-62N67W Number: 13NESW
Qtrqtr: NESW Sec: 13 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.136690 Longitude: -104.841636

CORRECTIVE ACTIONS:

1 CA# 198853

Corrective Action: Secure access to excavation in compliance with Rule 913.b.(5).B.i and ECMC Guidance 913.b.(5)B i-v Date: 09/24/2024

Response: CA COMPLETED Date of Completion: 09/25/2024

Operator Comment: SNOW FENCING WAS FIXED ON LOCATION

ECMC Decision: _____

ECMC
Representative:

2 CA# 198854

Corrective Action: In accordance with Rule 913.e.(3), Operator will adopt and maintain a quarterly reporting schedule (90 days). Operator shall provide an updated Form 27 for Remediation #34982.

Date: 10/01/2024

Response: CA COMPLETED

Date of Completion: 09/25/2024

Operator
Comment:

FORM 27 DOC # 403933612 WAS SUBMITTED

ECMC Decision: _____

ECMC
Representative:

3 CA# 198855

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 10/01/2024

Response: CA COMPLETED

Date of Completion: 09/30/2024

Operator
Comment:

BACKFILL WAS COMPLETED

ECMC Decision: _____

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 REGUALTORY ADVISOR

Date: 10/1/2024 12:35:52 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>
403941620	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files