

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:
404087571

Date Received:
02/10/2025

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
<u>ERIN JOSEPH</u>	<u>970-515-1169</u>	<u>ECMCInspections@Oxy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100045
Inspection Date: 01/15/2025 FIR Submit Date: 01/28/2025 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: NWN Sec: 18 Twp: 2N Range: 66W Meridian: 6
W
Latitude: 40.143690 Longitude: -104.827500

FACILITY - API Number: 05-123-00 Facility ID: 488931

Facility Name: Windell 4-18A Wellhead Number: _____
Qtrqtr: NWN Sec: 18 Twp: 2N Range: 66W Meridian: 6
W
Latitude: 40.143690 Longitude: -104.827500

CORRECTIVE ACTIONS:

1 CA# 202036

Corrective Action: Comply with Rule 1002.f.(2)C Date: 02/12/2025

Response: CA COMPLETED Date of Completion: 02/06/2025

Operator Comment: Per the ECMC GIS Online map, this location is within a half mile of an active bald eagle nest and within a bald eagle winter night roost high priority habitat. As indicated on Form 27 Initial Document Number 403901811, KMOG will not conduct operations at this location between 12/1 – 7/31. In accordance with the Colorado Parks and Wildlife Bald Eagle Nesting Buffer, human activities and encroachment are restricted within a half mile during these dates. KMOG will address the corrective actions on or after 8/1/25.

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: REGULATORY

Date: 2/10/2025 10:52:34 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files