

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:
404088603

Date Received:
02/11/2025

FIR RESOLUTION FORM

Overall Status:

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: 717100058
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: 445907

Location Name: MILLER FD 5&6-7A O SA Number: 34002746 County: _____
Qtrqtr: NWN Sec: 7 Twp: 2N Range: 66W Meridian: 6
W
Latitude: 40.157025 Longitude: -104.827105

FACILITY - API Number: 05-123-00 Facility ID: 488319

Facility Name: Miller FD 5&6-7A O SA Number: _____
Qtrqtr: NWN Sec: 7 Twp: 2N Range: 66W Meridian: 6
W
Latitude: 40.157025 Longitude: -104.827105

CORRECTIVE ACTIONS:

1 CA# 202026

Corrective Action: Comply with Rule 606. Date: 02/12/2025

Response: CA COMPLETED Date of Completion: 02/10/2025

Operator Comment: BATTERY WAS REMOVED SEE ATTACHED PHOTO

ECMC Decision: _____

ECMC
Representative:

2 CA# 202027

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 Project No. 35788.

Date: 02/11/2025

Response: CA COMPLETED

Date of Completion: 02/05/2025

Operator Comment: SUPPLEMENTAL FORM 27 DOC # 404079235 WAS SUBMITTED 2/5/2025

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: 2/11/2025 10:03:57 AM

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>
404088603	FIR RESOLUTION SUBMITTED
404088605	LOCATION PHOTO

Total Attach: 2 Files