

State of Colorado Energy & Carbon Management Commission



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Document Number:
404088937

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: 717100066
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: 36 Twp: 2N Range: 67W Meridian: 6
W
Latitude: 40.100046 Longitude: -104.847458

FACILITY - API Number: 05-123-00 Facility ID: 488579

Facility Name: Koshio St 5-36A/Jone Facility Number: _____
Qtrqtr: NWN Sec: 36 Twp: 2N Range: 67W Meridian: 6
W
Latitude: 40.100046 Longitude: -104.847458

CORRECTIVE ACTIONS:

1 CA# 202041

Corrective Action: Secure access to excavation in accordance with Rule 913.b.(5).B.i and ECMC Guidance 913.b.(5)B i-v. Date: 02/12/2025

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

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 202042

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. 36862.

Date: 02/11/2025

Response: CA COMPLETED

Date of Completion: 02/07/2025

Operator
Comment:

SUPPLEMENTAL FORM 27 SUBMITTED 2/7/2025 DOC#404077001

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box]

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 12:27:27 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>
404088964	LOCATION PHOTO

Total Attach: 1 Files