

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402150673

Date Received:

08/20/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

Address: PO BOX 27757 #110

City: HOUSTON State: TX Zip: 77227-7757

Contact Name and Telephone:

Name:

Phone: () Fax: ()

Email:

Additional Operator Contact:

Contact Name	Phone	Email
Montgomery, Kelley		Kelley.Montgomery@oxy.com
Rapp, Veronica	832-4655-8788	veronica_rapp@oxy.com
Dittrich, Wade	575-390-2828	Wade.Dittrich@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901077

Inspection Date: 08/01/2019

FIR Submit Date: 08/02/2019

FIR Status:

Inspected Operator Information:

Company Name: OXY USA INC

Company Number: 66561

Address: PO BOX 27757 #110

City: HOUSTON State: TX Zip: 77227-7757

LOCATION - Location ID: 334549

Location Name: Sheep Mountain Unit Number: Drill Site 2 County: HUERFANO

Qtrqtr: SENW Sec: 15 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.702630 Longitude: -105.209980

FACILITY - API Number: 05-055-00 Facility ID: 211827

Facility Name: SHEEP MOUNTAIN UNIT Number: 3-15-B

Qtrqtr: SENW Sec: 15 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.702630 Longitude: -105.209980

CORRECTIVE ACTIONS:

1 CA# 128906

Corrective Action: Comply with Rule 1003 f. and perform noxious weed control.

Date: 08/19/2019

Response: CA COMPLETED

Date of Completion: 08/19/2019

Operator Comment: Weeds addressed at this site included commom mullein, diffuse knapweed, spotted knapweed. Weeds were chemically treated, cut, and bagged

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Weeds addressed at this site included common mullein, diffuse knapweed, spotted knapweed. Weeds were chemically treated, cut, and bagged

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Veronica Rapp

Signed: _____

Title: Biologist

Date: 8/20/2019 1:32:18 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files