

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:

402177193

Date Received:

09/16/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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
<u>Dittrich, Wade</u>	<u>575-390-2828</u>	<u>Wade_Dittrich@Oxy.com</u> <u>kelley_montgomery@oxy.com</u>
<u>Rapp, Veronica</u>	<u>713-985-6966</u>	<u>veronica_rapp@oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901075

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: 324494

Location Name: KOSCOVE-627S70W Number: 15NWSE County: HUERFANO

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

Latitude: 37.698670 Longitude: -105.204770

FACILITY - API Number: 05-055-00 Facility ID: 211782

Facility Name: KOSCOVE Number: 1

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

Latitude: 37.698670 Longitude: -105.204770

CORRECTIVE ACTIONS:

1 CA# 128904

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 09/08/2019

Response: CA COMPLETED

Date of Completion: 09/18/2019

Operator Comment: Seed mix was approved by land owner, stabilization of the recently graded road will take place during the week of 9/16 - 9/20/ 2019. Oxy's contractor that is seeding/hydromulching a larger reclamation project has been instructed to do the same for this recently graded road.

COGCC Decision: _____

COGCC
Representative:

2 CA# 128905

Corrective Action: Date: 08/19/2019

Response: CA COMPLETED

Date of Completion: 08/19/2019

Operator
Comment:

COGCC Decision: _____

COGCC
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: Veronica Rapp

Signed: _____

Title: Biologist

Date: 9/16/2019 8:02:45 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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402177200	Approved seed mix
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Total Attach: 1 Files