

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:
402455112

Date Received:
07/29/2020

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

Eric Maestas

575-420-7825

Eric.Maestas@oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200356

Inspection Date: 06/09/2020

FIR Submit Date: 06/15/2020

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: 437155

Location Name: Sheep Mountain Unit Number: 1-12-B County: HUERFANO

Qtrqr: SESW Sec: 1 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.636890 Longitude: -105.171290

FACILITY - API Number: 05-055-00 Facility ID: 437156

Facility Name: Sheep Mountain Unit Number: 1-12-B

Qtrqr: SESW Sec: 1 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.636890 Longitude: -105.171290

CORRECTIVE ACTIONS:

1 CA# 139741

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

Date: 07/10/2020

Response: CA COMPLETED

Date of Completion: 07/10/2020

Operator Comment: Noxious Weeds have been sprayed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 139742

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 07/10/2020

Response: CA COMPLETED

Date of Completion: 07/08/2020

Operator
Comment: BMP's have been installed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have been completed.

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

Print Name: Eric Maestas

Signed: _____

Title: HSE Specialist

Date: 7/29/2020 6:35:11 AM

ATTACHMENT LIST

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

Document Number **Description**

402455112	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files