

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:

403064881

Date Received:

06/01/2022

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

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

Address: PO BOX 173779

City: DENVER State: CO Zip: 80217-3779

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Maestas, Eric

575-420-7825

eric.maestas@oxy.com

Kosola, Jason

jason.kosola@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 695105925

Inspection Date: 03/24/2022

FIR Submit Date: 03/28/2022

FIR Status: _____

Inspected Operator Information:

Company Name: OXY USA INC

Company Number: 66561

Address: PO BOX 173779

City: DENVER State: CO Zip: 80217-3779

LOCATION - Location ID: 324493

Location Name: GARCIA-627S70W Number: 35NESE County: HUERFANO

Qtrqtr: NESE Sec: 35 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.655840 Longitude: -105.180780

FACILITY - API Number: 05-055-00 Facility ID: 211777

Facility Name: GARCIA (EPA) Number: 1-WD

Qtrqtr: NESE Sec: 35 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.655840 Longitude: -105.180780

CORRECTIVE ACTIONS:

1 CA# 160409

Corrective Action: Install INSTALL BERMS, INSPALL liner material to ensure spill or released materials will be maintained with containment structure.

Date: 05/28/2022

Response: CA COMPLETED

Date of Completion: 06/15/2022

Operator Comment: After clean up of soil is complete, berms will be installed around tanks

COGCC Decision: _____

COGCC Representative: _____

2 CA# 160410

Corrective Action: REMOVE OR US UNUSED EQUIPMENT. CA DATE 5-28-2022. (NOTE EXTENDED CA DATE DO TO TIME OF YEAR/SNOW PACK)

Date: 05/28/2022

Response: CA COMPLETED

Date of Completion: 06/01/2022

Operator Comment: Tank has been removed and taken to a disposal facility.

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: Erin Joseph

Signed: _____

Title: Regulatory Consultant

Date: 6/1/2022 2:27:26 PM

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>

Total Attach: 0 Files