

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:

403087413

Date Received:

06/23/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

- 1 CA Completed
- 1 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
<u>Erin Joseph</u>		<u>cogccinspections@oxy.com</u>
<u>Eric Maestas</u>		<u>eric_maestas@oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203060  
Inspection Date: 06/16/2022 FIR Submit Date: 06/20/2022 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: 333348

Location Name: Sheep Mountain Unit - Drill Site 3 Number: 047683X County: HUERFANO  
Qtrqtr: NENE Sec: 22 Twp: 27S Range: 70W Meridian: 6  
Latitude: 37.692660 Longitude: -105.200520

FACILITY - API Number: 05-055-00 Facility ID: 211831

Facility Name: SHEEP MOUNTAIN UNIT Number: 2-22-A  
Qtrqtr: NENE Sec: 22 Twp: 27S Range: 70W Meridian: 6  
Latitude: 37.692660 Longitude: -105.200520

CORRECTIVE ACTIONS:

1 CA# 162827

Corrective Action: Comply with 1003.a. Date: 07/15/2022

Response: CA COMPLETED Date of Completion: 06/23/2022

Operator Comment: Due to request for the factual review request on the other CA on this Inspection, we are submitting this in order to submit this FIRR. This work will be reviewed and completed on or before said due date, and a FIRR will be submitted for the wattles at that time.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 162828

Corrective Action:

Date: 07/15/2022

Response: FACTUAL REVIEW REQUEST

Basis for Review: Operator does not own or operate the location

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: Erin Joseph

Signed: \_\_\_\_\_

Title: Regulatory Consultant

Date: 6/23/2022 1:54:40 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files