

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:

403088626

Date Received:

06/23/2022

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

0 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

Eric Maestas

eric_maestas@oxy.com

NEWVILLE TONI

toni_newville@oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203054

Inspection Date: 06/16/2022

FIR Submit Date: 06/17/2022

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: 324498

Location Name: DIKE MOUNTAIN UNIT-628S70W Number: 13SENW County: HUERFANO

Qtrqtr: SENW Sec: 13 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.613810 Longitude: -105.174610

FACILITY - API Number: 05-055-00 Facility ID: 211806

Facility Name: DIKE MOUNTAIN UNIT Number: 4-13

Qtrqtr: SENW Sec: 13 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.613810 Longitude: -105.174610

CORRECTIVE ACTIONS:

1 ☒ CA# 162779

Corrective Action: Install marker per Rule 1102.g.

Date: 07/15/2022

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: 1102.g is applicable to flowline crossings of utility and public right-of-ways, which is not applicable for this riser location.

COGCC Decision: Approved

COGCC Representative: Factual Review is Approved and Corrective Action is not required.
COGCC Staff believes the flowline riser should be better protected and made more visible.

COGCC Supervisor: Factual Review is Approved and Corrective Action is not required.
COGCC Staff believes the flowline riser should be better protected and made more visible.

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: Toni Newville

Signed: _____

Title: Regulatory

Date: 6/23/2022 7:24:45 PM

ATTACHMENT LIST

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

Document Number **Description**

403088626	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files