

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:
403225430

Date Received:
11/10/2022

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

erin joseph

970-515-1169

erin_joseph@oxy.com

COGCC Inspections

COGCCinspections@oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203483

Inspection Date: 10/06/2022

FIR Submit Date: 10/10/2022

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

Qtrqr: 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

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

Latitude: 37.613810 Longitude: -105.174610

CORRECTIVE ACTIONS:

1 CA# 165154

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

Date: 11/01/2022

Response: CA COMPLETED

Date of Completion: 08/24/2022

Operator Comment: operations has repaired erosion and rutting issues on access road

COGCC Decision: _____

COGCC Representative: _____

2 CA# 165748

Corrective Action: Submit an eForm 44 Flowline Report per Rule 1101.b.

Date: 11/10/2022

Response: CA COMPLETED

Date of Completion: 11/10/2022

Operator Comment: Form 44 doc# 403216041 has been submitted

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: 11/10/2022 12:02:17 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