

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
403638405

Date Received:  
12/28/2023

**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 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

ECMCINSPECTIONS@OXY.COM

Eric Maestas

eric\_maestas@oxy.com

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 690203056

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: 324494

Location Name: KOSCOVE-627S70W Number: 15NWSE County: HUERFANO

Qtrqtr: NWSE Sec: 15 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.698670 Longitude: -105.204770

**FACILITY** - API Number: 05-055- -00 Facility ID: 211782

Facility Name: KOSCOVE Number: 1

Qtrqtr: NWSE Sec: 15 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.698670 Longitude: -105.204770

**CORRECTIVE ACTIONS:**

**1**  CA# 162822

Corrective Action: Comply with Rule 1003.a. and 606.

Date: 07/20/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator Comment: Sand removed from location

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

2  CA# 162823

Corrective Action: Comply with the 1003 interim reclamation rules.

Date: 07/20/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator  
Comment: Disturbed areas reclaimed

COGCC Decision: Approved pending re-inspection

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: SR REGULATORY ADVISOR

Date: 12/28/2023 9:58:57 AM

**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>
403638405	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files