

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:

403814084

Date Received:

06/05/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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

ERIN JOSEPH

Phone

970-515-1169

Email

ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713600956

Inspection Date: 04/16/2024

FIR Submit Date: 04/19/2024

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: 324497

Location Name: SHEEP MOUNTAIN UNIT-628S70W Number: 1SESW County: HUERFANO

Qtrqr: SESW Sec: 1 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.638270 Longitude: -105.172320

FACILITY - API Number: 05-055-00 Facility ID: 211802

Facility Name: SHEEP MOUNTAIN UNIT Number: 13-1

Qtrqr: SESW Sec: 1 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.638270 Longitude: -105.172320

CORRECTIVE ACTIONS:

1 ☒ CA# 194419

Corrective Action: Comply with the fencing requirements per the 1002a rules

Date: 05/10/2024

Response: CA COMPLETED

Date of Completion: 05/14/2024

Operator Comment: DUE TO ELK CROSSING IN THE AREA FENCING ARE DAMAGED REGULARLY, ATTACHED ARE PHOTOS OF REPAIRED FENCING

ECMC Decision: Approved pending re-inspection

| | |
|----------------------|--|
| ECMC Representative: | If fencing isn't requested by landowner then it should be removed. Other fencing options could be to install livestock panels around the equipment only. |
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| | |
|---|---------------------------|
| OPERATOR COMMENT AND SUBMITTAL | |
| Comment: | <div></div> |
| 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: 6/5/2024 8:27:21 AM |

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------------|
| 403814084 | FIR RESOLUTION SUBMITTED |
| 403814092 | LOCATION PHOTOS |

Total Attach: 2 Files