

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:
403990752

Date Received:
11/12/2024

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

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	Phone	Email
ERIN JOSEPH	970-515-1169	ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713601232

Inspection Date: 07/09/2024

FIR Submit Date: 07/11/2024

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: 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# 196719

Corrective Action: Comply with Rule 603.I

Date: _____

Response: CA COMPLETED

Date of Completion: 11/11/2024

Operator Comment: SEE ATTACHED PHOTOS, ACCESS ROAD HAS BEEN RECLAIMED, NEW ACCESS IN MARKED RED ON NEW MAP ATTACHED

ECMC Decision: _____

ECMC
Representative:

2 CA# 196720

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

Date: _____

Response: CA COMPLETED

Date of Completion: 11/11/2024

Operator Comment: SEE ATTACHED PHOTOS, ACCESS ROAD HAS BEEN RECLAIMED, NEW ACCESS IN MARKED RED ON NEW MAP ATTACHED

ECMC Decision: _____

ECMC
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: 11/12/2024 9:17:30 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>
403990752	FIR RESOLUTION SUBMITTED
403990783	NEW ACCESS MAP
403990785	RECLAIMED ACCES ROAD PHOTOS

Total Attach: 3 Files