

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:
402151589
Date Received:
08/21/2019

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

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

Address: PO BOX 27757 #110

City: HOUSTON State: TX Zip: 77227-7757

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Montgomery, Kelley</u>		<u>Kelley_Montgomery@oxy.com</u>
<u>Dittrich, Wade</u>	<u>575-390-2828</u>	<u>Wade_Dittrich@Oxy.com</u>
<u>Rapp, Veronica</u>	<u>832-4655-8788</u>	<u>veronica_rapp@oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689901087

Inspection Date: 08/01/2019

FIR Submit Date: 08/05/2019

FIR Status: _____

Inspected Operator Information:

Company Name: OXY USA INC

Company Number: 66561

Address: PO BOX 27757 #110

City: HOUSTON State: TX Zip: 77227-7757

LOCATION - Location ID: 324505

Location Name: SHEEP MOUNTAIN UNIT-628S70W Number: 2NENE County: HUERFANO

Qtrqtr: NENE Sec: 2 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.647900 Longitude: -105.180570

FACILITY - API Number: 05-055-00 Facility ID: 211864

Facility Name: SHEEP MOUNTAIN UNIT Number: 12-2-E

Qtrqtr: NENE Sec: 2 Twp: 28S Range: 70W Meridian: 6

Latitude: 37.647900 Longitude: -105.180570

CORRECTIVE ACTIONS:

1 CA# 128922

Corrective Action: Comply with Rule 1003 f. and perform noxious weed control.

Date: 06/30/2019

Response: CA COMPLETED

Date of Completion: 08/20/2019

Operator Comment: Stands of canada thistle in the surrounding vegetation and bare ground that had emergents weeds, were cut, bagged and chemically treated.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Stands of canada thistle in the surrounding vegetation and bare ground that had emergents weeds, were cut, bagged and chemically treated.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Veronica Rapp

Signed: _____

Title: Biologist

Date: 8/21/2019 12:26:22 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>
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Total Attach: 0 Files