

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:
402455116

Date Received:
07/29/2020

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 27757 #110

City: HOUSTON State: TX Zip: 77227-7757

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Eric Maestas

575-420-7825

eric_maestas@oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200339

Inspection Date: 06/09/2020

FIR Submit Date: 06/11/2020

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: 334553

Location Name: Sheep Mountain Unit Number: 6-4-I County: HUERFANO

Qtrqr: NWNE Sec: 9 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.721000 Longitude: -105.222370

FACILITY - API Number: 05-055- -00 Facility ID: 211835

Facility Name: SHEEP MOUNTAIN UNIT Number: 4-4-P

Qtrqr: NWNE Sec: 9 Twp: 27S Range: 70W Meridian: 6

Latitude: 37.721000 Longitude: -105.222370

CORRECTIVE ACTIONS:

1 CA# 139657

Corrective Action: Comply with 1003 a.

Date: 07/17/2020

Response: CA COMPLETED

Date of Completion: 07/17/2020

Operator
Comment:

Material has been cleaned up and disposed of at approved disposal facility

COGCC Decision: _____

COGCC
Representative:

2 CA# 139658

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

Date: 07/17/2020

Response: CA COMPLETED

Date of Completion: 07/10/2020

Operator
Comment:

Noxious weeds have been sprayed throughout the Sheep Mountain location

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions have been completed

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

Print Name: Eric Maestas

Signed:

Title: HSE Specialist

Date: 7/29/2020 6:46:15 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>
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Total Attach: 0 Files