

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:
402454963

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
<u>Eric Maestas</u>	<u>575-420-7825</u>	<u>eric_maestas@oxy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690200358

Inspection Date: 06/09/2020 FIR Submit Date: 06/15/2020 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: 324507

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

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

Latitude: 37.647830 Longitude: -105.179200

FACILITY - API Number: 05-055-00 Facility ID: 211867

Facility Name: SHEEP MOUNTAIN UNIT Number: 1-1-J DRILL #5

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

Latitude: 37.647830 Longitude: -105.179200

CORRECTIVE ACTIIONS:

1 CA# 139744

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

Date: 07/17/2020

Response: CA COMPLETED

Date of Completion: 07/06/2020

Operator Comment: BMPs Installed

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 139826

Corrective Action: Comply with 1003.a. Rule.

Date: 07/17/2020

Response: CA COMPLETED

Date of Completion: 07/10/2020

Operator Comment:

Noxious Weeds have been sprayed, Material onsite has been organized

[Empty text box for Operator Comment]

COGCC Decision: Approved pending re-inspection

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions complete

[Empty text box for Comment]

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 6:41:15 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>
402454963	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files