

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:  
403199249

Date Received:  
10/17/2022

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

OGCC 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

Kosola, Jason

jason.kosola@state.co.us

Maestas, Eric

575-420-7825

eric\_maestas@oxy.com

Dittrich, Wade

575-390-2828

Wade\_Dittrich@Oxy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695106743

Inspection Date: 09/20/2022

FIR Submit Date: 09/20/2022

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: 324499

Location Name: SHEEP MOUNTAIN UNIT-627S70W Number: 9NWNE County: HUERFANO

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

Latitude: 37.720140 Longitude: -105.223130

FACILITY - API Number: 05-055-00 Facility ID: 211820

Facility Name: SHEEP MOUNTAIN UNIT Number: 2-9-H

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

Latitude: 37.720140 Longitude: -105.223130

CORRECTIVE ACTIONS:

1 CA# 164684

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606.

Date: 10/20/2022

Response: CA COMPLETED

Date of Completion: 10/14/2022

Operator has removed unused equipment (2"riser) from location

Operator  
Comment:

COGCC Decision:

COGCC  
Representative:

2 CA# 164685

Corrective Action: CONTACT AREA EPS.

Date: 09/22/2022

Response: CA COMPLETED

Date of Completion: 10/17/2022

Operator  
Comment:

Area EPS contacted; Operator is in the process of submitting forms.

COGCC Decision:

COGCC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions complete

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 Advisor

Date: 10/17/2022 1:25:56 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>
403199291	2-9h removed unused equipment
403199295	6-9B removed unused equipment

Total Attach: 2 Files