

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:
403638444

Date Received:
12/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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

Eric Maestas

eric_maestas@oxy.com

ERIN JOSEPH

970-515-1169

ECMCINSPECTIONS@OXY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 690203054

Inspection Date: 06/16/2022

FIR Submit Date: 06/17/2022

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: 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:

2 CA# 162780

Corrective Action: Comply with the 1003 interim reclamation rules.
Comply with Rule 1003.f.

Date: 07/01/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator
Comment:

The weed works was on location to spray all identified noxious weeds.

COGCC Decision: _____

COGCC
Representative:

3 CA# 162781

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

Date: 07/15/2022

Response: CA COMPLETED

Date of Completion: 05/29/2023

Operator
Comment:

Road graded and will continue to maintain

COGCC Decision: _____

COGCC
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 REGUALTORY ADVISOR

Date: 12/28/2023 10:10:41 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files