

# State of Colorado Energy & Carbon Management Commission



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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
<u>Eric Maestas</u>		<u>eric_maestas@oxy.com</u>
<u>ERIN JOSEPH</u>	<u>970-515-1169</u>	<u>ECMCINSPECTIONS@OXY.COM</u>

### 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.

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files