

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403638479

Date Received:
12/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 690203052

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: 324497

Location Name: SHEEP MOUNTAIN UNIT-628S70W

Number: 1SESW

County: HUERFANO

Qtrqr: SESW

Sec: 1

Twp: 28S

Range: 70W

Meridian: 6

Latitude: 37.638270

Longitude: -105.172320

FACILITY - API Number: 05-055-

-00

Facility ID: 211802

Facility Name: SHEEP MOUNTAIN UNIT

Number: 13-1

Qtrqr: SESW

Sec: 1

Twp: 28S

Range: 70W

Meridian: 6

Latitude: 37.638270

Longitude: -105.172320

CORRECTIVE ACTIONS:

1 CA# 162776

Corrective Action: Repair or remove the cattle guard.
Vehicles must stay on original access road boundary per Rule 1002.e.

Date: 07/08/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator
Comment:

Access road around cattle guard shut in, Cattle guard repaired and back in service.

COGCC Decision: _____

COGCC
Representative:

2 CA# 162777

Corrective Action:

Date: 07/08/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 162778

Corrective Action:

Date: 07/01/2022

Response: CA COMPLETED

Date of Completion: 09/01/2022

Operator
Comment:

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 REGULATORY ADVISOR

Date: 12/28/2023 10:32:22 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