

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:

402025513

Date Received:

04/29/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10000

Name of Operator: BP AMERICA PRODUCTION COMPANY

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Kirschner, Steven</u>		<u>steven.kirschner@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800483

Inspection Date: 03/26/2019

FIR Submit Date: 03/27/2019

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 380 AIRPORT RD

City: DURANGO State: CO Zip: 81303

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: NESE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.103723 Longitude: -107.897424

FACILITY - API Number: 05-067-00 Facility ID: 458834

Facility Name: Thomas Jacquez E1 PW Line Number: _____

Qtrqtr: NESE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.103723 Longitude: -107.897424

CORRECTIVE ACTIONS:

1 CA# 123515

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 03/28/2019

Response: CA COMPLETED

Date of Completion: 04/04/2019

Per conversation with Jim Hughes - Steven Moskal BPX was informed my Mr. Hughes that all inspection criteria

Operator Comment: is met. This conversation was after an onsite visit. CA completed to inspectors satisfaction

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action complete and verified verbally with the inspector.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sabre Beebe

Signed: _____

Title: Compliance Specialist

Date: 4/29/2019 4:45:28 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>
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Total Attach: 0 Files