

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:

402038975

Date Received:

05/09/2019

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

Sabre Beebe

970-779-9398

sabre.beebe@bpx.com

SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680603361

Inspection Date: 11/09/2018

FIR Submit Date: 12/10/2018

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: 334190

Location Name: LEMON GAS UNIT K-M34N8W Number: 18NWNE County: LA PLATA

Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194808 Longitude: -107.755733

FACILITY - API Number: 05-067-00 Facility ID: 282447

Facility Name: LEMON K Number: 3

Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194808 Longitude: -107.755733

CORRECTIVE ACTIONS:

1 CA# 120864

Corrective Action: Control weeds at the appropriate time but no later than June 1, 2019.

Date: 06/01/2019

Response: CA COMPLETED

Date of Completion: 04/29/2019

Operator Comment: Noxious weeds treated with herbicide by certified contractor. See attached. All BPX locations are on an annual weed treatment program.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Noxious weeds treated with herbicide by certified contractor. See attached. All BPX locations are on an annual weed treatment program.

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: 5/9/2019 3:39:51 PM

ATTACHMENT LIST

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

Document Number **Description**

402038984	Corrective Action Completion document
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Total Attach: 1 Files