

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:
402058002

Date Received:
05/29/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Beebe, Sabre

sabre.beebe@bpx.com

-

SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900207

Inspection Date: 04/12/2019

FIR Submit Date: 04/19/2019

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 334275

Location Name: EVERETT JONES GAS UT A-M34N9W Number: 10NESE County: LA PLATA

Qtrqr: NESE Sec: 10 Twp: 34N Range: 9W Meridian: M

Latitude: 37.202749 Longitude: -107.808746

FACILITY - API Number: 05-067- -00 Facility ID: 215774

Facility Name: EVERETT JONES Number: 1

Qtrqr: NESE Sec: 10 Twp: 34N Range: 9W Meridian: M

Latitude: 37.202749 Longitude: -107.808746

CORRECTIVE ACTIONS:

1 CA# 124427

Corrective Action: Remove and properly dispose of kochia debris.

Date: 05/20/2019

Response: CA COMPLETED

Date of Completion: 05/09/2019

Operator
Comment:

Weed debris manually cleared and removed from location

COGCC Decision: _____

COGCC
Representative:

2 CA# 124428

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

Date: 06/01/2019

Response: CA COMPLETED

Date of Completion: 05/09/2019

Operator Comment: All noxious weeds manually removed from location to prevent growth and reseeding. Location is treated annually through weed program and will be treated with herbicide in addition to manual removal. See attached.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA's completed see attached.

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: 5/29/2019 12:23:47 PM

ATTACHMENT LIST

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

Document Number **Description**

402058004	CA completion document
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Total Attach: 1 Files