

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402058265
Date Received:
05/29/2019

FIR RESOLUTION FORM

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
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us
MacLaren, Joe		joe.maclaren@state.co.us
Inspections, All		SanJuanCOGCC@bp.com
Leonard, Mike		mike.leonard@state.co.us
Deranleau, Greg		greg.deranleau@state.co.us
Fischer, Alex		alex.fischer@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800333
Inspection Date: 11/05/2018 FIR Submit Date: 11/19/2018 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:

Location Name: Number: County:
Qtrqr: 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:
Qtrqr: NESE Sec: 14 Twp: 33N Range: 10W Meridian: N
Latitude: 37.103723 Longitude: -107.897424

CORRECTIVE ACTIONS:

1 CA# 120527

Corrective Action: The operator shall submit a Supplemental Spill Report no later than ten calendar days after discovery.

Date: 11/14/2018

Response: CA COMPLETED

Date of Completion: 01/16/2019

Operator Comment: Form 19 filed with COGCC Doc#401935617 Form 27 filed with COGCC doc#2528952

COGCC Decision: Approved

COGCC Representative:

2 CA# 120528

Corrective Action: Contact COGCC EPS staff regarding Rule 906.c.

Date: 11/21/2018

Response: CA COMPLETED

Date of Completion: 11/15/2018

Operator Comment: Contact made to COGCC staff by Steven Moskal of BPX Field Environmental Department.

COGCC Decision: Approved

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions complete.

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 2:28:21 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>
402058265	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files