

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:

402064919

Date Received:

06/05/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 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

Beebe, Sabre

sabre.beebe@bpx.com

Labowskie, Steve

steve.labowskie@state.co.us

Inspections, All

SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695100646

Inspection Date: 05/16/2019

FIR Submit Date: 05/16/2019

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: 333625

Location Name: JONES-M34N8W Number: 16SWSE County: LA PLATA

Qtrqtr: SWSE Sec: 16 Twp: 34N Range: 8W Meridian: M

Latitude: 37.186900 Longitude: -107.721143

FACILITY - API Number: 05-067- -00 Facility ID: 216088

Facility Name: JONES Number: 34-16 1

Qtrqtr: SWSE Sec: 16 Twp: 34N Range: 8W Meridian: M

Latitude: 37.186900 Longitude: -107.721143

CORRECTIVE ACTIONS:

3 CA# 125528

Corrective Action: Provide COGCC with documentation showing approval of use of vacuum pump.

Date: 06/05/2019

Response: CA COMPLETED

Date of Completion: 06/05/2019

Operator Comment: The compressor installed on the Jones 34-16 1 well is not being utilized as a vacuum pump. This well is being produced at positive pressures. The average 30 day tubing pressure is 16.96 psig and the average 30 day casing pressure is 47.55 psig. Casing and tubing pressures remain above atmospheric pressures. Please see

attached casing and tubing pressure graph for the past 30 days.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: This FIRR form is for closure of the corrective action for documentation for approval of vacuum pump only. All other CA's will be addressed in an additional FIRR form due to multiple due dates.

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: 6/5/2019 7:04:11 AM

ATTACHMENT LIST

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

Document Number **Description**

402064920	Line pressure documentation
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Total Attach: 1 Files