

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:

402173685

Date Received:

09/11/2019

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>Kirschner, Steven</u>		<u>steven.kirschner@state.co.us</u>
<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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800504

Inspection Date: 04/18/2019

FIR Submit Date: 05/08/2019

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: 325804

Location Name: LEROY MCCAOW GAS UNIT B-M34N8W Number: 21SWNE County: LA PLATA

Qtrqr: SWNE Sec: 21 Twp: 34N Range: 8W Meridian: M

Latitude: 37.179794 Longitude: -107.719070

FACILITY - API Number: 05-067- -00 Facility ID: 215404

Facility Name: LEROY MCCAOW B Number: 1

Qtrqr: SWNE Sec: 21 Twp: 34N Range: 8W Meridian: M

Latitude: 37.179794 Longitude: -107.719070

CORRECTIVE ACTIONS:

1 CA# 124988

Corrective Action: Install sign to comply with Rule 210.d. Corrective action date taken from previous inspection report.

Date: 06/04/2019

Response: CA COMPLETED

Date of Completion: 07/12/2019

Operator Comment: Sign capacity updated and trash on location cleaned up see attached.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed.

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: 9/11/2019 4:22:33 PM

ATTACHMENT LIST

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

Document Number **Description**

402173702	Work completion photo
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Total Attach: 1 Files