

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:  
402259769

Date Received:  
12/10/2019

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>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
.		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900790  
Inspection Date: 09/10/2019 FIR Submit Date: 09/19/2019 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: 333703

Location Name: DOWING RALPH GAS UNIT-M34N8W Number: 9NESW County: LA PLATA  
Qtrqr: NESW Sec: 9 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.202376 Longitude: -107.726664

FACILITY - API Number: 05-067-00 Facility ID: 260529

Facility Name: RALPH DOWNING A Number: 2  
Qtrqr: NESW Sec: 9 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.202376 Longitude: -107.726664

CORRECTIVE ACTIIONS:

1 CA# 130831

Corrective Action: Control weeds throughout project area, including areas of project disturbance outside fenced working area. Date: 10/03/2019

Response: CA COMPLETED Date of Completion: 11/18/2019

Operator Comment: Additional weed treatment completed on location. Location had been treated earlier in the year. See photos attached of this latest treatment.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: additional weed treatment completed see attached.

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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: 12/10/2019 4:47:20 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402259771	Weed treatment documentation
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Total Attach: 1 Files