

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:
402259809

Date Received:
12/10/2019

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

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SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900994

Inspection Date: 10/22/2019

FIR Submit Date: 10/30/2019

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: 333113

Location Name: SOUTHERN UTE GAS UNIT- N32N10W Number: 12SENE County: LA PLATA

Qtrqtr: SENE Sec: 12 Twp: 32N Range: 10W Meridian: N

Latitude: 37.034141 Longitude: -107.879809

FACILITY - API Number: 05-067- -00 Facility ID: 215916

Facility Name: MARGARET MONTGOMERY A Number: 1

Qtrqtr: SENE Sec: 12 Twp: 32N Range: 10W Meridian: N

Latitude: 37.034141 Longitude: -107.879809

CORRECTIVE ACTIIONS:

1 CA# 133097

Corrective Action: Remove and properly dispose of kochia debris.

Date: 11/13/2019

Response: CA COMPLETED

Date of Completion: 12/06/2019

Operator Comment: Manual weed removal with treatment performed. see attached

COGCC Decision: _____

COGCC
Representative:

2 CA# 133098

Corrective Action: Control weeds at the appropriate time but no later than June 1, 2020.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 12/06/2019

Operator
Comment:

Weed removal completed and weeds treated location priority increased for 2020 and beyond in weed treatment program

COGCC Decision: _____

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: 12/10/2019 5:21:09 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>
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402259812	Weed documentation of treatment
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Total Attach: 1 Files