

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:
402278260

Date Received:
01/06/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900762
Inspection Date: 09/06/2019 FIR Submit Date: 09/13/2019 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: 306878

Location Name: MCMANUS GAS UNIT 33-22-M34N8W Number: 22SWSW County: LA PLATA
Qtrqtr: SWS Sec: 22 Twp: 34N Range: 8W Meridian: M
Latitude: 37.172443 Longitude: -107.709767

FACILITY - API Number: 05-067-00 Facility ID: 272023

Facility Name: MCMANUS 33-22 Number: 2
Qtrqtr: SWS Sec: 22 Twp: 34N Range: 8W Meridian: M
Latitude: 37.172443 Longitude: -107.709767

CORRECTIVE ACTIONS:

1 CA# 130552

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the southern project area. This is the second corrective action to address stormwater erosion within the project area. Corrective action date will remain to document original corrective action date.

Date: 06/28/2019

Response: CA COMPLETED Date of Completion: 12/12/2019

Operator Comment: Re-work of initial work on storm water performed - silt trap created to reduce velocity and stop cutting through berm. 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: 1/6/2020 2:34:14 PM

ATTACHMENT LIST

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

Document Number Description

| | |
|-----------|------------------------|
| 402278270 | work completion photos |
|-----------|------------------------|

Total Attach: 1 Files