

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:

402278436

Date Received:

01/07/2020

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>SanJuanCOGCC@bp.com</u>
<u>Brown, Walt</u>	<u>970-385-1372</u>	<u>wabrown@fs.fed.us</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901066

Inspection Date: 11/01/2019

FIR Submit Date: 11/11/2019

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: 325489

Location Name: PINE RIVER UNIT-M34N6W Number: 32SENE County: LA PLATA

Qtrqr: SENE Sec: 32 Twp: 34N Range: 6W Meridian: M

Latitude: 37.150532 Longitude: -107.518076

FACILITY - API Number: 05-067- -00 Facility ID: 214878

Facility Name: PINE RIVER Number: 04-32 1

Qtrqr: SENE Sec: 32 Twp: 34N Range: 6W Meridian: M

Latitude: 37.150532 Longitude: -107.518076

CORRECTIVE ACTIONS:

1 CA# 134409

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the project area. Stormwater controls need to be selected, sized, installed, and maintained using good engineering practices such as those described in CDOT manuals for erosion control.

Date: 11/22/2019

Response: CA COMPLETED

Date of Completion: 12/23/2019

Installed armored silt traps and rock rundown to prevent further erosion damage, slow down storm water velocity and silt travel off pad. See attached.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed see attached

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: 1/7/2020 5:49:21 AM

ATTACHMENT LIST

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

Document Number **Description**

402278437	Work completion photos
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Total Attach: 1 Files