

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:  
402278438

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900770  
Inspection Date: 09/06/2019 FIR Submit Date: 09/17/2019 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: 333625

Location Name: JONES-M34N8W Number: 16SWSE County: LA PLATA  
Qtrqtr: SWSE Sec: 16 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.186816 Longitude: -107.721442

FACILITY - API Number: 05-067-00 Facility ID: 297201

Facility Name: JONES 34-16 Number: 3  
Qtrqtr: SWSE Sec: 16 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.186816 Longitude: -107.721442

CORRECTIVE ACTION:

1 CA# 130654

Corrective Action: Install stormwater controls using good engineering practices. Date: 10/04/2019

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

Operator Comment: Installed armoring in the erosional channel to reduce water velocity and prevent silt travel off pad. See attached.

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

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Installed armoring in the erosional channel to reduce water velocity and prevent silt travel off pad. 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 5:54:10 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402278439	Work completion form
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Total Attach: 1 Files