

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:
402295372

Date Received:
01/27/2020

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>-</u> | | <u>SanJuanCOGCC@bp.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901301
Inspection Date: 01/06/2020 FIR Submit Date: 01/07/2020 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: 325781

Location Name: JONES GAS UNIT-M34N9W Number: 11SENW County: LA PLATA
Qtrqtr: SENW Sec: 11 Twp: 34N Range: 9W Meridian: M
Latitude: 37.208175 Longitude: -107.799269

FACILITY - API Number: 05-067-00 Facility ID: 215372

Facility Name: JONES Number: 1
Qtrqtr: SENW Sec: 11 Twp: 34N Range: 9W Meridian: M
Latitude: 37.208175 Longitude: -107.799269

CORRECTIVE ACTIONS:

1 CA# 135725

Corrective Action: Control weeds at the appropriate time and no later than 5/1/2020. Date: 05/01/2020

Response: CA COMPLETED Date of Completion: 01/13/2020

Operator Comment: All weeds removed from location and disposed of properly. Additional chemical treatment scheduled for early spring. Location was treated with herbicide on 5/30/2019 by a certified and licensed weed treatment company.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Weeds were treated May 30, 2019 and manual removal performed on 1/13/2020. Location scheduled for 2 additional weed treatments during the 2020 growing season.

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: Specialist

Date: 1/27/2020 2:13:42 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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| 402295394 | Work completed photos |
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Total Attach: 1 Files