

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
402295780

Date Received:  
01/28/2020

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: 693900782  
Inspection Date: 09/10/2019 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: 326263

Location Name: ANNALA FEDERAL GAS UNIT Number: 15NENW County: LA PLATA  
A-M34N8W  
Qtrqr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N  
Latitude: 37.219660 Longitude: -107.733410

FACILITY - API Number: 05-067- -00 Facility ID: 216135

Facility Name: ANNALA FEDERAL A Number: 1  
Qtrqr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N  
Latitude: 37.219660 Longitude: -107.733410

CORRECTIVE ACTIIONS:

1 CA# 130732

Corrective Action: Stormwater erosion and sedimentation needs to be controlled 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: 10/01/2019

Response: CA COMPLETED Date of Completion: 01/19/2020

Operator Comment: Erosion control BPM's installed to control stormwater velocity out flow from the well pad.

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action completed along with additional work. See attached document

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: 1/28/2020 7:44:28 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402295783	Work completion photos
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Total Attach: 1 Files