

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:  
402303712

Date Received:  
02/05/2020

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: 693901328  
Inspection Date: 01/09/2020 FIR Submit Date: 01/10/2020 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: 312035

Location Name: SEMLER GAS UNIT A-N33N8W Number: 1SESW County: LA PLATA  
Qtrqtr: SESW Sec: 1 Twp: 33N Range: 8W Meridian: N  
Latitude: 37.128605 Longitude: -107.671810

FACILITY - API Number: 05-067-00 Facility ID: 274149

Facility Name: SEMLER A Number: 2  
Qtrqtr: SESW Sec: 1 Twp: 33N Range: 8W Meridian: N  
Latitude: 37.128605 Longitude: -107.671810

CORRECTIVE ACTIONS:

1 CA# 135894

Corrective Action: Remove unused equipment. Date: 01/31/2020

Response: CA COMPLETED Date of Completion: 01/31/2020

Operator Comment: Unused equipment was on location following recent rig event and has since been removed. Rig move was in process at the time of inspection so equipment had not been on location an undue amount of time. See photos of equipment gone 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: Specialist

Date: 2/5/2020 9:58:38 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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402303739	Photo of equipment removed
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Total Attach: 1 Files