

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:
402038975

Date Received:
05/09/2019

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>Sabre Beebe</u>	<u>970-779-9398</u>	<u>sabre.beebe@bpx.com</u>
.		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680603361
Inspection Date: 11/09/2018 FIR Submit Date: 12/10/2018 FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY Company Number: 10000
Address: 380 AIRPORT RD
City: DURANGO State: CO Zip: 81303

LOCATION - Location ID: 334190

Location Name: LEMON GAS UNIT K-M34N8W Number: 18NWNE County: LA PLATA
Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M
Latitude: 37.194808 Longitude: -107.755733

FACILITY - API Number: 05-067-00 Facility ID: 282447

Facility Name: LEMON K Number: 3
Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M
Latitude: 37.194808 Longitude: -107.755733

CORRECTIVE ACTIIONS:

1 CA# 120864

Corrective Action: Control weeds at the appropriate time but no later than June 1, 2019. Date: 06/01/2019

Response: CA COMPLETED Date of Completion: 04/29/2019

Operator Comment: Noxious weeds treated with herbicide by certified contractor. See attached. All BPX locations are on an annual weed treatment program.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Noxious weeds treated with herbicide by certified contractor. See attached. All BPX locations are on an annual weed treatment program.

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: 5/9/2019 3:39:51 PM

ATTACHMENT LIST

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

Document Number	Description
402038975	FIR RESOLUTION SUBMITTED
402038984	Corrective Action Completion document

Total Attach: 2 Files