

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:
402259769

Date Received:
12/10/2019

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900790
Inspection Date: 09/10/2019 FIR Submit Date: 09/19/2019 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: 333703

Location Name: DOWING RALPH GAS UNIT-M34N8W Number: 9NESW County: LA PLATA
Qtrqr: NESW Sec: 9 Twp: 34N Range: 8W Meridian: M
Latitude: 37.202376 Longitude: -107.726664

FACILITY - API Number: 05-067-00 Facility ID: 260529

Facility Name: RALPH DOWNING A Number: 2
Qtrqr: NESW Sec: 9 Twp: 34N Range: 8W Meridian: M
Latitude: 37.202376 Longitude: -107.726664

CORRECTIVE ACTIONS:

1 ☒ CA# 130831

Corrective Action: Control weeds throughout project area, including areas of project disturbance outside fenced working area. Date: 10/03/2019

Response: CA COMPLETED Date of Completion: 11/18/2019

Operator Comment: Additional weed treatment completed on location. Location had been treated earlier in the year. See photos attached of this latest treatment.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: additional weed treatment completed 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: 12/10/2019 4:47:20 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> |
|------------------------|------------------------------|
| 402259769 | FIR RESOLUTION SUBMITTED |
| 402259771 | Weed treatment documentation |

Total Attach: 2 Files