

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:

402347497

Date Received:

03/19/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900574
Inspection Date: 07/19/2019 FIR Submit Date: 07/25/2019 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: 443983

Location Name: Hott 30-02 & Horther 31-03 Number: 3 County: LA PLATA
Qtrqtr: Lot 3 Sec: 30 Twp: 33N Range: 6W Meridian: N
Latitude: 37.072052 Longitude: -107.547621

FACILITY - API Number: 05-067-00 Facility ID: 443982

Facility Name: Hott 30-02 Number: 3
Qtrqtr: Lot 3 Sec: 30 Twp: 33N Range: 6W Meridian: N
Latitude: 37.072052 Longitude: -107.547621

CORRECTIVE ACTIONS:

1 CA# 128554

Corrective Action: Control weeds. Musk thistles in flowering condition need to be cut, bagged, and properly disposed of no later than August 2, 2019, to prevent seed dispersal. Thistle rosettes and other weeds (ie R. knapweed) need to be controlled by August 23, 2019. Date: 08/23/2019

Response: CA COMPLETED Date of Completion: 08/23/2019

Operator Comment: Weeds were treated on location 8/23/2019 see attached.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Weeds addressed and continue to be addressed 2 times annually

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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: 3/19/2020 2:29:59 PM

ATTACHMENT LIST

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

Document Number **Description**

402347503	Closure Document
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Total Attach: 1 Files