

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:
402360994

Date Received:
04/02/2020

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>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905085
Inspection Date: 07/08/2019 FIR Submit Date: 07/09/2019 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: 325351

Location Name: CRAIG UT-M34N9W Number: 16SEnw County: LA PLATA
Qtrqr: SEnw Sec: 16 Twp: 34N Range: 9W Meridian: M
Latitude: 37.194407 Longitude: -107.834690

FACILITY - API Number: 05-067-00 Facility ID: 214619

Facility Name: CRAIG Number: 1
Qtrqr: SEnw Sec: 16 Twp: 34N Range: 9W Meridian: M
Latitude: 37.194407 Longitude: -107.834690

CORRECTIVE ACTIONS:

1 CA# 126830

Corrective Action: Control noxious weeds around all equipment and on location per Rule 1003.f. and Rule 603.f.

Date: 07/18/2019

Response: CA COMPLETED

Date of Completion: 04/01/2020

Operator Comment: Land is No Spray per land owner mandate. no spray site is on repeating schedule to remove vegetation throughout the growing season
Summary of all work completed previous treatment dates 7/14/16, 2017- monthly

beginning in May, 2018- monthly beginning in May,
2019- monthly beginning in April

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 4/2/2020 5:58:45 PM

ATTACHMENT LIST

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

Document Number **Description**

402361000	Completion photos
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Total Attach: 1 Files