

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
402369270

Date Received:  
04/13/2020

## 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

Beebe, Sabre

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 693901590

Inspection Date: 03/31/2020

FIR Submit Date: 04/01/2020

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: 334197

Location Name: REA GAS UNIT 18U-3-M34N8W Number: 18SESW County: LA PLATA

Qtrqr: SESW Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.186785 Longitude: -107.760061

### FACILITY - API Number: 05-067- -00 Facility ID: 285311

Facility Name: REA 18U-03 Number: 4

Qtrqr: SESW Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.186785 Longitude: -107.760061

### CORRECTIVE ACTIONS:

1 ☒ CA# 137651

Corrective Action: Control weeds at the appropriate time and no later than 6/1/2020. Subsequent treatments will likely be needed to control infestation.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 04/07/2020

Operator Comment: Weed control has been previously on 6/16/2016, 7/8/2017, 6/26/2018, and 5/31/2019. Initial 2020 treatment performed on 4/7/2020. See attached documentation.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective actions addressed 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: Specialist

Date: 4/13/2020 1:54:50 PM

**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>
402369270	FIR RESOLUTION SUBMITTED
402369279	Treatment documentation

Total Attach: 2 Files