

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:
402381553

Date Received:
04/27/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900787
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: 325798

Location Name: SALLY JO LORETT GAS UT Number: 9SENW County: LA PLATA
A-M34N8W
Qtrqtr: SENW Sec: 9 Twp: 34N Range: 8W Meridian: M
Latitude: 37.208823 Longitude: -107.726241

FACILITY - API Number: 05-067- -00 Facility ID: 215397

Facility Name: SALLY JO LORETT A Number: 1
Qtrqtr: SENW Sec: 9 Twp: 34N Range: 8W Meridian: M
Latitude: 37.208823 Longitude: -107.726241

CORRECTIVE ACTIONS:

1 CA# 130816

Corrective Action: Bare soils on the northeastern cut-slope need revegetation. Date: 11/01/2019

Response: CA COMPLETED Date of Completion: 04/09/2020

Operator Comment: Corrective Action completed see attached

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 130817

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the northeastern project area.

Date: 10/04/2019

Response: CA COMPLETED

Date of Completion: 04/09/2020

Operator
Comment: Corrective action completed see attached.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions 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: Specialist

Date: 4/27/2020 12:31:13 PM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|------------------------|
| 402381562 | Work completion photos |
|-----------|------------------------|

Total Attach: 1 Files