

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:

402381651

Date Received:

04/27/2020

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

SanJuanCOGCC@bp.com

Beebe, Sabre

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901627

Inspection Date: 04/08/2020

FIR Submit Date: 04/10/2020

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: 306814

Location Name: LUCERO GAS UNIT-N33N7W Number: 7NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 7 Twp: 33N Range: 7W Meridian: N

Latitude: 37.117523 Longitude: -107.647000

FACILITY - API Number: 05-067- -00 Facility ID: 268265

Facility Name: LUCERO Number: 2

Qtrqtr: NWSE Sec: 7 Twp: 33N Range: 7W Meridian: N

Latitude: 37.117523 Longitude: -107.647000

CORRECTIVE ACTIONS:

1 CA# 137902

Corrective Action: -Weeds need to be controlled before flowering and no later than 6/1/2020. Infestation will require multiple treatments and control methods until controlled. Reseeding in areas with heavy infestation, such as the southern fill slope, is required after control. Monitoring and mangement will be required until stabilized with desirable perennial vegetation.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 04/20/2020

Weed treatment preformed on 4/20/20. Previous treatment dates 7/8/2016, 7/21/2017, 6/11/2018, and 4/22/2019 see attached

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed

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 1:20:16 PM

ATTACHMENT LIST

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

Document Number **Description**

402381658	Completion photos
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Total Attach: 1 Files