

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:

402382111

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: 693900877

Inspection Date: 09/30/2019

FIR Submit Date: 10/02/2019

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: 326650

Location Name: CUNDIFF GAS UNIT C- Number: 20SWNE County: LA PLATA  
N35N7W

Qtrqr: SWNE Sec: 20 Twp: 35N Range: 7W Meridian: N

Latitude: 37.289007 Longitude: -107.655630

FACILITY - API Number: 05-067- -00 Facility ID: 261383

Facility Name: CUNDIFF C Number: 2

Qtrqr: SWNE Sec: 20 Twp: 35N Range: 7W Meridian: N

Latitude: 37.289007 Longitude: -107.655630

CORRECTIVE ACTIONS:

1 CA# 131336

Corrective Action: Stormwater erosion and sedimentation needs to be controlled within the project area. Stormwater controls need to be selected, sized, installed, and maintained using good engineering practices such as those described in CDOT manuals for erosion control.

Date: 10/18/2019

Response: CA COMPLETED

Date of Completion: 04/15/2020

Operator Comment: Drainages have been re-established and check dams installed. See attached.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: 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 4:02:53 PM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
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402382128	Closure photos
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Total Attach: 1 Files