

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:

402391800

Date Received:

05/06/2020

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: 693901521

Inspection Date: 03/10/2020

FIR Submit Date: 03/12/2020

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: 333832

Location Name: WIRT GAS UNIT E-N32N7W Number: 8SWNE County: LA PLATA

Qtrqr: SWNE Sec: 8 Twp: 32N Range: 7W Meridian: N

Latitude: 37.034674 Longitude: -107.628577

FACILITY - API Number: 05-067- -00 Facility ID: 216262

Facility Name: WIRT F Number: 1

Qtrqr: SWNE Sec: 8 Twp: 32N Range: 7W Meridian: N

Latitude: 37.034674 Longitude: -107.628577

CORRECTIVE ACTIONS:

1 CA# 137176

Corrective Action: -Stormwater erosion needs to be controlled using stormwater controls sized, selected, installed and maintained using good engineering practices such as those described by CDOT in their erosion control manuals.

Date: 11/30/2018

Response: CA COMPLETED

Date of Completion: 04/06/2020

Operator Comment: The previous storm water BMP's installed and then found by inspector to be insufficient have been upgraded. In addition seeding where possible has been performed with mulching. See attached documentation of all work completed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action complete 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: 5/6/2020 3:46:35 PM

ATTACHMENT LIST

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

Document Number **Description**

402391838	Completion photos
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Total Attach: 1 Files