

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:
402395994

Date Received:
05/12/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901508
Inspection Date: 03/10/2020 FIR Submit Date: 03/11/2020 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: 333824

Location Name: SNOOK GAS UNIT B-N32N7W Number: 5SWSW County: LA PLATA
Qtrqr: SWS Sec: 5 Twp: 32N Range: 7W Meridian: N
Latitude: 37.041751 Longitude: -107.637998

FACILITY - API Number: 05-067- -00 Facility ID: 213888

Facility Name: SNOOK B Number: 1
Qtrqr: SWS Sec: 5 Twp: 32N Range: 7W Meridian: N
Latitude: 37.041751 Longitude: -107.637998

CORRECTIVE ACTIONS:

1 CA# 137150

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the southeastern portion of the project area. Stormwater controls need to be installed using good engineering practices and adequate to stabilize erosion and manage stormwater flows. Culverts on access need to be monitored after storm events to determine whether they are adequate to convey flows.

Date: 05/17/2019

Response: CA COMPLETED Date of Completion: 04/13/2020

Operator Comment: Storm water berm has been repaired and compacted. Rock rund down installed to address and manage storm water flows from pad.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action as well as additional items noted while building scope of work have been addressed. All work completed. Unable to attach document in the COGCC system / attachment function appears to not be functioning. Work completed 4/13/20

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: 5/12/2020 1:33:40 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files