

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:
402401433

Date Received:
05/19/2020

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>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800727
Inspection Date: 04/16/2020 FIR Submit Date: 04/20/2020 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqr: SWN Sec: 14 Twp: 33N Range: 9W Meridian: N
W
Latitude: 37.106631 Longitude: -107.801553

FACILITY - API Number: 05-067-00 Facility ID: 475421

Facility Name: McCarville Waterline Number: _____
Qtrqr: SWN Sec: 14 Twp: 33N Range: 9W Meridian: N
W
Latitude: 37.106631 Longitude: -107.801553

CORRECTIVE ACTIIONS:

1 CA# 138172

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Date: 05/20/2020

Response: CA COMPLETED Date of Completion: 04/14/2020

Operator Comment: Refer to form 19 #402370031 and 402377552 for closure of spill/release.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed and documented in #402370031 and 402377552

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: 5/19/2020 3:57:04 AM

ATTACHMENT LIST

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

Document Number **Description**

402401433	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files