

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:
402401434

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>Beebe, Sabre</u> | | <u>sabre.beebe@bpx.com</u> |
| <u>Heil, John</u> | | <u>john.heil@state.co.us</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: 688800720
Inspection Date: 04/09/2020 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: _____
Qtrqtr: SWN Sec: 32 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.063493 Longitude: -107.532312

FACILITY - API Number: 05-067-00 Facility ID: 474977

Facility Name: Tiffany Gathering Number: _____
Qtrqtr: SWN Sec: 32 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.063493 Longitude: -107.532312

CORRECTIVE ACTIIONS:

1 CA# 138132

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 05/20/2020

Response: CA COMPLETED

Date of Completion: 04/14/2020

Operator Comment: Refer to form 19 #402365707 and # 402370143 for closure

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed see reference documents.

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 4:01:00 AM

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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|-----------|--------------------------|
| 402401434 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files