

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:

402406930

Date Received:

05/27/2020

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: <u>10000</u>	Contact Name and Telephone:
Name of Operator: <u>BP AMERICA PRODUCTION COMPANY</u>	Name: _____
Address: <u>1199 MAIN AVENUE SUITE 101</u>	Phone: () _____ Fax: () _____
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
-		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901731
 Inspection Date: 05/05/2020 FIR Submit Date: 05/06/2020 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: 326144

Location Name: TINKER 2-9 GU-N34N8W Number: 9NWSE County: LA PLATA
 Qtrqtr: NWSE Sec: 9 Twp: 34N Range: 8W Meridian: N
 Latitude: 37.227794 Longitude: -107.746855

FACILITY - API Number: 05-067-00 Facility ID: 215941

Facility Name: TINKER 02-09 Number: 1
 Qtrqtr: NWSE Sec: 9 Twp: 34N Range: 8W Meridian: N
 Latitude: 37.227794 Longitude: -107.746855

CORRECTIVE ACTION:

1 CA# 138780

Corrective Action: Control weeds. Integrated weed management practices such as manual removal/mowing are likely needed to control infestation at this location and prevent damage to young grass seedlings.

Date: 06/01/2020

Response: CA COMPLETED Date of Completion: 05/19/2020

Operator Comment: Weeds treated in the interim reclamation on 5/19/20. Previously treatment dates are 6/23/2016, 7/13/2017, 6/13/2018, and 6/24/2019 see attached.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed - see attached

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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: 5/27/2020 2:42:59 PM

ATTACHMENT LIST

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

Document Number **Description**

402406964	work completion
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Total Attach: 1 Files