

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: 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>-</u>		<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 ACTIONS:

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:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective actions completed - 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: 5/27/2020 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