

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:
402416391

Date Received:
06/09/2020

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>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901790
Inspection Date: 05/12/2020 FIR Submit Date: 05/14/2020 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: 325843

Location Name: LEE FEDERAL Number: 1 County: LA PLATA
Qtrqtr: NWSE Sec: 3 Twp: 34N Range: 6W Meridian: N
Latitude: 37.240124 Longitude: -107.510746

FACILITY - API Number: 05-067-00 Facility ID: 215462

Facility Name: LEE FEDERAL Number: 1
Qtrqtr: NWSE Sec: 3 Twp: 34N Range: 6W Meridian: N
Latitude: 37.240124 Longitude: -107.510746

CORRECTIVE ACTIONS:

1 CA# 139043

Corrective Action: Control weeds. Date: 06/01/2020

Response: CA COMPLETED Date of Completion: 05/22/2020

Operator Comment: On May 22, 2020 herbicide treatment performed in response to this inspection. Previous treatments on this location were performed on 7/13/16, 7/17/17, 6/7/2018 and 6/24/2019. Corrective action completed

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: On May 22, 2020 herbicide treatment performed in response to this inspection. Previous treatments on this location were preformed on 7/13/16, 7/17/17, 6/7/2018 and 6/24/2019. Corrective action completed

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: 6/9/2020 9:34:43 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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402416397	Completion Documentation
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Total Attach: 1 Files