

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:

402416400

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

Beebe, Sabre SanJuanCOGCC@bp.com

Beebe, Sabre sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901787

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: 306945

Location Name: ARCHULETA DIX G.U.-
M34N6W

Number: 9SENE

County: LA PLATA

Qtrqr: SENE Sec: 9 Twp: 34N Range: 6W Meridian: N

Latitude: 37.229128 Longitude: -107.527561

FACILITY - API Number: 05-067-

-00

Facility ID: 281473

Facility Name: ARCHULETA-DIX

Number: 2

Qtrqr: SENE Sec: 9 Twp: 34N Range: 6W Meridian: N

Latitude: 37.229128 Longitude: -107.527561

CORRECTIVE ACTIONS:

1 CA# 139042

Corrective Action: Control weeds.

Date: 06/01/2020

Response: CA COMPLETED

Date of Completion: 05/22/2020

Operator Comment: On May 22, 20 herbicide was applied on noxious weeds on this location and interim reclamation areas to address this corrective action. Previous treatment dates are as follows:
7/18/16
7/17/17
6/7/18

6/24/20

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: On May 22, 20 herbicide was applied on noxious weeds on this location and interim reclamation areas to address this corrective action. Previous treatment dates are as follows:
7/18/16
7/17/17
6/7/18
6/24/20

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 9:41:03 AM

ATTACHMENT LIST

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

Document Number **Description**

402416411	Closure documentation
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Total Attach: 1 Files