

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:

402441874

Date Received:

07/13/2020

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

sabre.beebe@bpx.com

SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901738

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: 326263

Location Name: ANNALA FEDERAL GAS UNIT Number: 15NENW County: LA PLATA  
A-M34N8W

Qtrqtr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N

Latitude: 37.219660 Longitude: -107.733410

FACILITY - API Number: 05-067- -00 Facility ID: 216135

Facility Name: ANNALA FEDERAL A Number: 1

Qtrqtr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N

Latitude: 37.219660 Longitude: -107.733410

CORRECTIVE ACTIONS:

1 CA# 138782

Corrective Action: Additional stormwater BMPs need to be installed in the southwestern project area. Stormwater controls should be sized, selected, installed, and maintained according to good engineering practices such as those described by CDOT in their erosion control manuals.

Date: 06/12/2020

Response: CA COMPLETED

Date of Completion: 06/12/2020

Rock run downs repaired and improved. Diversion ditch installed and maintained see attached.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

COGCC Decision: \_\_\_\_\_

COGCC  
Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions addressed 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: 7/13/2020 9:04:29 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402441879	Work Completion photos
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Total Attach: 1 Files