

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402443492

Date Received:
07/15/2020

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>Steve Moskal</u>	<u>(505) 330-9179</u>	<u>steven.moskal@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200677
Inspection Date: 06/10/2020 FIR Submit Date: 06/10/2020 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: SWNE Sec: 17 Twp: 34N Range: 6W Meridian: N
Latitude: 37.217899 Longitude: -107.547925

FACILITY - API Number: 05-067- -00 Facility ID: 476772

Facility Name: Hubert Morrison A1 Number: _____
Qtrqtr: SWNE Sec: 17 Twp: 34N Range: 6W Meridian: N
Latitude: 37.217899 Longitude: -107.547925

CORRECTIVE ACTIONS:

1 CA# 139623

Corrective Action: Provide Root Cause when information becomes available. Via FIRR and email to Western Integrity inspector

Provide flowline annual pressure test data results for previous years 2018 and 2019. Via FIRR and email to Western Integrity inspector.

When flowline is returned to service, provide pressure test data, Via FIRR and email to Western Integrity inspector

Date: 07/10/2020

Response: CA COMPLETED Date of Completion: 07/10/2020

Operator Comment: BP conducts continuous pressure monitoring on this pipeline. Steve discussed this with Richard Murray on 7/10/2020. This FIRR is to address the pressure monitoring.

Root cause is still under investigation and will be submitted via FIRR once it is available.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Patti Campbell

Signed: _____

Title: Regulatory Analyst

Date: 7/15/2020 12:43:31 PM

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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402443502	FIRR Resolution - Pressure Monitoring
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Total Attach: 1 Files