

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402453415

Date Received:
07/27/2020

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>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901934
Inspection Date: 06/19/2020 FIR Submit Date: 06/23/2020 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: 325840

Location Name: GOEGLEIN GAS UNIT-N35N7W Number: 22NWSE County: LA PLATA
Qtrqr: NWSE Sec: 22 Twp: 35N Range: 7W Meridian: N
Latitude: 37.283795 Longitude: -107.619087

FACILITY - API Number: 05-067-00 Facility ID: 215455

Facility Name: GOEGLEIN Number: 1
Qtrqr: NWSE Sec: 22 Twp: 35N Range: 7W Meridian: N
Latitude: 37.283795 Longitude: -107.619087

CORRECTIVE ACTIIONS:

1 CA# 139914

Corrective Action: Control weeds. Previous inspections have documented weed infestation. Multiple treatments and treatment methods will likely be needed for control. Revegetation of treatment areas will be needed after infestation is controlled.

Date: 07/15/2020

Response: CA COMPLETED Date of Completion: 07/06/2020

Operator Comment: Weeds treated on 7/6/20 and previous treatment dates are:
6/14/2016
7/14/2017

7/12/2018
7/26/2019

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action addressed see attached with previously documented treatment dates.

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: 7/27/2020 1:57:22 PM

ATTACHMENT LIST

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

Document Number **Description**

402453425	Work completion documentation
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Total Attach: 1 Files