

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:  
402453438  
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: 693901928  
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: 325933

Location Name: GURR FEDERAL GAS UNIT-N35N7W Number: 15SESE County: LA PLATA  
Qtrqtr: SESE Sec: 15 Twp: 35N Range: 7W Meridian: N  
Latitude: 37.297095 Longitude: -107.617928

FACILITY - API Number: 05-067-00 Facility ID: 215588

Facility Name: GURR FEDERAL GAS UNIT Number: 1  
Qtrqtr: SESE Sec: 15 Twp: 35N Range: 7W Meridian: N  
Latitude: 37.297095 Longitude: -107.617928

CORRECTIVE ACTIIONS:

1 CA# 139912

Corrective Action: Control weeds. Entire infestation needs to be controlled. Short corrective action timeline is intended to prevent maturation of flowers and seed dispersal. Date: 06/30/2020

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

Operator Comment: Weed treatment performed on 7/6/20 and previous treatment dates: 6/14/2016 7/14/2017 7/13/2018

7/26/2019

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

COGCC  
Representative:

\_\_\_\_\_

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Weeds treated on 7/6/20 see attached documentation of treatment and previous 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 2:06:29 PM

**ATTACHMENT LIST**

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

**Document Number      Description**

402453449	Weed treatment documentation
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Total Attach: 1 Files