

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:

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

Beebe, Sabre

sabre.beebe@bpx.com

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SanJuanCOGCC@bp.com

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 ACTIONS:

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