

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:

402457830

Date Received:

08/03/2020

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

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901931

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: 325737

Location Name: HUNTINGTON GAS UNIT A-N35N7W Number: 22SWNE County: LA PLATA

Qtrqr: SWNE Sec: 22 Twp: 35N Range: 7W Meridian: N

Latitude: 37.287274 Longitude: -107.620698

FACILITY - API Number: 05-067-00 Facility ID: 215316

Facility Name: HUNTINGTON A Number: 1

Qtrqr: SWNE Sec: 22 Twp: 35N Range: 7W Meridian: N

Latitude: 37.287274 Longitude: -107.620698

CORRECTIVE ACTIONS:

1 CA# 139913

Corrective Action: Erosion controls and revegetation need to be installed to stabilize erosion on the northern cut-slope. Erosion controls need to be maintained in place until soils are stabilized with desirable perennial vegetation.

Date: 07/31/2020

Response: CA COMPLETED

Date of Completion: 07/24/2020

Operator Comment: Seeding with 100% biodegradable matting applied to cut slope for erosion and revegetation. See attached

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action work completed 7/24/20

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: 8/3/2020 9:31:04 AM

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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402457839	Work completion photos
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Total Attach: 1 Files