

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:

402458071

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
<u>Murray, Richard</u>		<u>g.richard.murray@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800731

Inspection Date: 05/14/2020

FIR Submit Date: 05/18/2020

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: _____

Qtrqr: SESW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.223070 Longitude: -107.678280

FACILITY - API Number: 05-067- -00 Facility ID: 476429

Facility Name: Dry Creek Water Transfer Line Number: _____

Qtrqr: SESW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.223070 Longitude: -107.678280

CORRECTIVE ACTIONS:

1 CA# 139111

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 06/18/2020

Response: CA COMPLETED

Date of Completion: 05/28/2020

Operator Comment: See document 402406199 supplemental report submitted 5/28/20 by BPX Environmental Personnel regarding containment and clean up of the release to close out this inspection.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed 5/28/20 via supplemental Spill/Release report.

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 11:48:25 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files