

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:

402458693

Date Received:

08/04/2020

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>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Roy, Catherine</u>		<u>catherine.roy@state.co.us</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103014  
Inspection Date: 07/22/2020 FIR Submit Date: 07/29/2020 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: 333635

Location Name: ROBERT MCCOY GAS UNIT Number: 18NESE County: LA PLATA  
"B"-M34N7W  
Qtrqtr: NESE Sec: 18 Twp: 34N Range: 7W Meridian: M  
Latitude: 37.187993 Longitude: -107.644974

FACILITY - API Number: 05-067- -00 Facility ID: 216240

Facility Name: ROBERT MCCOY B Number: 1  
Qtrqtr: NESE Sec: 18 Twp: 34N Range: 7W Meridian: M  
Latitude: 37.187993 Longitude: -107.644974

CORRECTIVE ACTIIONS:

1 CA# 140803

Corrective Action: REMOVE NOXIOUS WEEDS, COMPLY WITH RULE 1003.f.

Date: 07/29/2020

Response: CA COMPLETED

Date of Completion: 07/30/2020

Operator Comment: Inspection received on 7/29/20 with due date of 7/29/20. Due to crew availability work was completed as quickly as possible on 7/30/20 see attached.

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

COGCC Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed see attached.

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: 8/4/2020 7:14:10 AM

**ATTACHMENT LIST**

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

**Document Number      Description**

402458694	Work completion photos
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Total Attach: 1 Files