

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:

402470440

Date Received:

08/19/2020

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

SanJuanCOGCC@bp.com

Beebe, Sabre

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901936

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: 306896

Location Name: GOEGLEIN GAS UNIT-N35N7W Number: 22SESW County: LA PLATA

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

Latitude: 37.283228 Longitude: -107.624495

FACILITY - API Number: 05-067- -00 Facility ID: 274639

Facility Name: GOEGLEIN Number: 2

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

Latitude: 37.283228 Longitude: -107.624495

CORRECTIVE ACTIONS:

1 CA# 139915

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the project area.

Date: 07/24/2020

Response: CA COMPLETED

Date of Completion: 08/11/2020

Operator Comment: Stormwater BMP's installed are diversion ditch with compacted berming for additional depth and strength, rock rundown with check dams. See attached documentation.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed with additional work identified while on location and documented in attached form.

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: 8/19/2020 8:51:34 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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402470445	Work completion documentation
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Total Attach: 1 Files