

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:

402476314

Date Received:

08/27/2020

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
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901966
Inspection Date: 06/29/2020 FIR Submit Date: 06/30/2020 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: 325572

Location Name: CARLSON-N33N6W Number: 32SWSW County: LA PLATA
Qtrqr: SWS Sec: 32 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.056492 Longitude: -107.529555

FACILITY - API Number: 05-067- -00 Facility ID: 215026

Facility Name: CARLSON Number: 32-01 1
Qtrqr: SWS Sec: 32 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.056492 Longitude: -107.529555

CORRECTIVE ACTIIONS:

1 CA# 140092

Corrective Action: Control weeds at the appropriate time and no later than 9/1/2020. Areas treated for Russian knapweed should be re-seeded with desirable perennial grasses in the fall to compete with and the knapweed.

Date: 09/01/2020

Response: CA COMPLETED Date of Completion: 08/19/2020

Weed treatment performed on 8/19/20. Previous treatment dates are: 6/29/2016

Operator 7/28/2017
Comment: 5/30/2018
4/8/2019
6/12/20

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action 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: 8/27/2020 10:53:19 AM

ATTACHMENT LIST

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

Document Number **Description**

402476317	Treatment documentation
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Total Attach: 1 Files