

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:

402453302

Date Received:

07/27/2020

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

Beebe, Sabre

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901904

Inspection Date: 06/11/2020

FIR Submit Date: 06/15/2020

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: 326021

Location Name: OPAL LECHNER GAS UNIT Number: 6SWNW County: LA PLATA
A-N33N8W

Qtrqtr: SWN Sec: 6 Twp: 33N Range: 8W Meridian: N
W

Latitude: 37.136167 Longitude: -107.764450

FACILITY - API Number: 05-067- -00 Facility ID: 215731

Facility Name: OPAL LECHNER A Number: 1

Qtrqtr: SWN Sec: 6 Twp: 33N Range: 8W Meridian: N
W

Latitude: 37.136167 Longitude: -107.764450

CORRECTIVE ACTIONS:

1 ☒ CA# 139740

Corrective Action: -Weeds need to be controlled immediately to prevent dispersal of seed by jointed goatgrass, and no later than 6/30/2020. Subsequent treatments will likely be needed.

Date: 06/30/2020

Response: CA COMPLETED

Date of Completion: 07/19/2020

Weeds addressed on location see attached. Treatment dates historically are 6/28/16, 6/28/2017, 6/20/2018, 5/8/2019, 6/19/20 and 7/9/20 see attached.

Operator _____
Comment:

COGCC Decision: Approved pending re-inspection

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: 7/27/2020 1:00:15 PM

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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402453302	FIR RESOLUTION SUBMITTED
402453309	Weed treatment documentation

Total Attach: 2 Files