

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:
402530516

Date Received:
11/11/2020

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: 693902260
Inspection Date: 09/15/2020 FIR Submit Date: 09/17/2020 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: 306928

Location Name: BURKETT G.U.A-N34N8W Number: 1SWNE County: LA PLATA
Qtrqtr: SWNE Sec: 1 Twp: 34N Range: 8W Meridian: N
Latitude: 37.245801 Longitude: -107.692820

FACILITY - API Number: 05-067- -00 Facility ID: 279255

Facility Name: BURKETT A Number: 2
Qtrqtr: SWNE Sec: 1 Twp: 34N Range: 8W Meridian: N
Latitude: 37.245801 Longitude: -107.692820

CORRECTIVE ACTIONS:

1 CA# 142044

Corrective Action: -Erosion controls (such as rolled erosion control blankets or other stabilization measures), need to be installed and maintained on the well pad cut-slope until stabilized with desirable perennial vegetation. Stormwater BMPs need to be installed/maintained where erosion is occurring within the southeastern project area.

Date: 10/17/2020

Response: CA COMPLETED Date of Completion: 11/03/2020

Operator Comment: Bare soils on slope seeded and ECB Blanket installed see attached.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed 11/3/20 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: 11/11/2020 11:09:24 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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402530520	Work completed documentation
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Total Attach: 1 Files