

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402530525

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902321
Inspection Date: 09/29/2020 FIR Submit Date: 10/02/2020 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: 325385

Location Name: SMITH 1-20-M34N6W Number: 20SWNW County: LA PLATA
Qtrqr: SWN Sec: 20 Twp: 34N Range: 6W Meridian: M
W
Latitude: 37.179562 Longitude: -107.529361

FACILITY - API Number: 05-067- -00 Facility ID: 214681

Facility Name: SMITH 01-20 Number: 1
Qtrqr: SWN Sec: 20 Twp: 34N Range: 6W Meridian: M
W
Latitude: 37.179562 Longitude: -107.529361

CORRECTIVE ACTIONS:

1 CA# 142507

Corrective Action: Stormwater controls (ie BMPs) and erosion controls (ie erosion control blankets, ecofiber, etc.) need to be installed to stabilize erosion within the project area. Stormwater and erosion controls need to be maintained and functioning until project area is stabilize with desirable perennial vegetation.

Specifically stormwater and erosion controls need to be installed to stabilize headcut erosion, rilling in the southern project area, and on the well pad cut-slope.

Date: 11/02/2020

Response: CA COMPLETED

Date of Completion: 11/06/2020

Operator Comment: slope seeded and ECB installed over seeding, rock check dam installed to control water velocity.

COGCC Decision:

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed

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 11:16:44 AM

ATTACHMENT LIST

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

Document Number Description

402530526	Work completion photos
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Total Attach: 1 Files