

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:

402551178

Date Received:

12/10/2020

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

1

SanJuanCOGCC@bp.com

Sabre Beebe

970-769-9523

sabre.beebe@ikavenergy.com

Beebe, Sabre

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902522

Inspection Date: 11/17/2020

FIR Submit Date: 11/19/2020

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: 326586

Location Name: LEMON GAS UNIT G-M34N8W

Number: 8SWSW

County: LA PLATA

Qtrqtr: SWS Sec: 8 Twp: 34N Range: 8W Meridian: M  
W

Latitude: 37.201711 Longitude: -107.746012

FACILITY - API Number: 05-067-

-00

Facility ID: 258471

Facility Name: LEMON G

Number: 2

Qtrqtr: SWS Sec: 8 Twp: 34N Range: 8W Meridian: M  
W

Latitude: 37.201711 Longitude: -107.746012

CORRECTIVE ACTIONS:

1 CA# 144473

Corrective Action: Control weeds. Weed control strategy including multiple treatments and control methods is needed to control infestation, as annual treatment does not appear sufficient.

Date: 06/01/2019

Response: CA COMPLETED

Date of Completion: 12/02/2020

Operator  
Comment:

Additional weed treatment performed and schedule on location treatment frequency increased.

COGCC Decision:

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Additional treatment performed for weeds 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: 12/10/2020 12:11:06 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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402551203	Additional treatment photos
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Total Attach: 1 Files