

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:

402563037

Date Received:

12/30/2020

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>Sabre Beebe</u>	<u>970-769-9523</u>	<u>sabre.beebe@ikavenergy.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>sjninspections@ikavenergy.com</u>		<u>sjninspections@ikavenergy.com</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800831

Inspection Date: 11/19/2020

FIR Submit Date: 11/20/2020

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqr: NENW Sec: 30 Twp: 33N Range: 7W Meridian: N

Latitude: 37.080441 Longitude: -107.654247

FACILITY - API Number: 05-067- -00 Facility ID: 478512

Facility Name: Simms E 1 Number: _____

Qtrqr: NENW Sec: 30 Twp: 33N Range: 7W Meridian: N

Latitude: 37.080441 Longitude: -107.654247

CORRECTIVE ACTIONS:

1 CA# 144533

Corrective Action: Control and clean up spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 12/21/2020

Response: CA COMPLETED

Date of Completion: 12/28/2020

Operator
Comment:

CA addressed / completed see COGCC document 402560783 for detailed information

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

CA addressed / completed see COGCC document 402560783 for detailed information

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: 12/30/2020 8:55:49 AM

ATTACHMENT LIST

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

Document Number **Description**

402563040

402560783

Total Attach: 1 Files