

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:

402577421

Date Received:

01/18/2021

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: 10749

Name of Operator: SIMCOE LLC

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>General</u>		<u>sjninspections@ikavenergy.com</u>
<u>Murray, Richard</u>		<u>g.richard.murray@state.co.us</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800827

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: SESE Sec: 18 Twp: 34N Range: 6W Meridian: N

Latitude: 37.187768 Longitude: -107.539662

FACILITY - API Number: 05-067- -00 Facility ID: 478511

Facility Name: Secord 7U 34-6-1 Number: _____

Qtrqr: SESE Sec: 18 Twp: 34N Range: 6W Meridian: N

Latitude: 37.187768 Longitude: -107.539662

CORRECTIVE ACTIONS:

1 CA# 144524

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

Date: 12/21/2020

Response: CA COMPLETED

Date of Completion: 01/14/2021

Operator
Comment:

Corrective Action completed - see form 402565788

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

Corrective Action Completed - see form 402565788

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Karin Rhodes

Signed:

Title: Admin Asst

Date: 1/18/2021 1:11:07 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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Total Attach: 0 Files