

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:

402577414

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

Fischer, Alex

alex.fischer@state.co.us

Beebe, Sabre

sabre.beebe@bpx.com

Inspections, All

SanJuanCOGCC@bp.com

Heil, John

john.heil@state.co.us

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800815

Inspection Date: 11/06/2020

FIR Submit Date: 11/10/2020

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: _____

Qtrqtr: SESE Sec: 20 Twp: 33N Range: 7W Meridian: N

Latitude: 37.083308 Longitude: -107.626928

FACILITY - API Number: 05-067- -00 Facility ID: 478491

Facility Name: Beuten B 1 Number: _____

Qtrqtr: SESE Sec: 20 Twp: 33N Range: 7W Meridian: N

Latitude: 37.083308 Longitude: -107.626928

CORRECTIVE ACTIONS:

1 ☒ CA# 144293

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

Date: 12/10/2020

Response: CA COMPLETED

Date of Completion: 01/05/2021

Operator Comment: Corrective Action completed and approved - see COGCC form 402538453

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action completed and approved - COGCC 402538453

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 1:01:27 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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402577414	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files