

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
<u>Sabre Beebe</u>	<u>970-769-9523</u>	<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@ikavenergy.com</u>
		<u>sabre.beebe@bpx.com</u>

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
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
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: Approved pending re-inspection

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>
402551178	FIR RESOLUTION SUBMITTED
402551203	Additional treatment photos

Total Attach: 2 Files