

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:
402577398

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
Beebe, Sabre		sabre.beebe@bpx.com
.		SanJuanCOGCC@bp.com
General		sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901560

Inspection Date: 03/18/2020

FIR Submit Date: 03/23/2020

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: 325537

Location Name: STATE-CHASTAIN-N35N8W Number: 31SENW County: LA PLATA

Qtrqtr: SENW Sec: 31 Twp: 35N Range: 8W Meridian: N

Latitude: 37.261899 Longitude: -107.789959

FACILITY - API Number: 05-067-00 Facility ID: 214966

Facility Name: STATE-CHASTAIN Number: 01-31 1

Qtrqtr: SENW Sec: 31 Twp: 35N Range: 8W Meridian: N

Latitude: 37.261899 Longitude: -107.789959

CORRECTIVE ACTIONS:

1 CA# 137376

Corrective Action: Remove/properly store surface owner equipment from oil and gas location. Corrective action is backdated to document original corrective action date.

Date: 06/01/2018

Response: CA COMPLETED

Date of Completion: 01/14/2021

Operator Comment: Equipment not on pad, see attached photos and GIS Site perimeter arial.

COGCC Decision: **Not Approved**

COGCC Representative: 1. Operator response does demonstrate compliance with corrective action.
2. Image provided outlines only the working area of the well pad and does not outline the entire project area including interim reclamation areas where the equipment is stored.

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action completed - see attached items

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 12:46:21 PM

ATTACHMENT LIST

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

Document Number	Description
402577398	FIR RESOLUTION SUBMITTED
402577401	arial - GIS site perimiter
402577402	photo h-brace
402577404	photo h-brace 2
402577405	photo h-brace 1

Total Attach: 5 Files