

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:  
402585325

Date Received:  
01/28/2021

**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
.		<a href="mailto:SanJuanCOGCC@bp.com">SanJuanCOGCC@bp.com</a>
<a href="#">Beebe, Sabre</a>		<a href="mailto:sabre.beebe@bpx.com">sabre.beebe@bpx.com</a>
<a href="#">IKAV SJN Inspections</a>		<a href="mailto:SJNInspections@ikavenergy.com">SJNInspections@ikavenergy.com</a>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 693901721

Inspection Date: 04/28/2020

FIR Submit Date: 04/30/2020

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: 325524**

Location Name: HAYS 1-11U-M34N7W Number: 11SWNE County: LA PLATA

Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: M

Latitude: 37.206166 Longitude: -107.576957

**FACILITY - API Number: 05-067-00 Facility ID: 214942**

Facility Name: HAYS 01-11U Number: 1

Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: M

Latitude: 37.206166 Longitude: -107.576957

**CORRECTIVE ACTIONS:**

**1**  CA# 138550

Corrective Action: Remove unused equipment and debris.

Date: 05/31/2020

Response: CA COMPLETED

Date of Completion: 01/21/2021

Operator Comment: All unused equipment and debris has been moved off of the well pad.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective Action completed.

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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 Assist

Date: 1/28/2021 8:52:09 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402585325	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files