

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:

402057829

Date Received:

05/29/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Beebe, Sabre

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900133

Inspection Date: 03/26/2019

FIR Submit Date: 04/05/2019

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: 306810

Location Name: MCCAW GAS UNIT C-M34N8W Number: 28NWSW County: LA PLATA

Qtrqtr: NWS Sec: 28 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.161068 Longitude: -107.728068

FACILITY - API Number: 05-067- -00 Facility ID: 268987

Facility Name: MCCAW C Number: 2

Qtrqtr: NWS Sec: 28 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.161068 Longitude: -107.728068

CORRECTIVE ACTIONS:

1 CA# 123974

Corrective Action: Remove waste and debris.

Date: 05/10/2019

Response: CA COMPLETED

Date of Completion: 05/16/2019

Operator
Comment:

Operator and landowner waste and debris removed from location and properly disposed of.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 123975

Corrective Action: Install and maintain stormwater controls to stabilize erosion within the project area.

Date: 05/10/2019

Response: CA COMPLETED

Date of Completion: 05/16/2019

Operator
Comment: Rock rundowns and check dams installed for stormwater and silt control. see attached.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA's completed see attached document with photos

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: Compliance Specialist

Date: 5/29/2019 10:36:55 AM

ATTACHMENT LIST

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

Document Number Description

402057835	CA completion document
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Total Attach: 1 Files