

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402057996

Date Received:
05/29/2019

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>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 687904585
Inspection Date: 04/16/2019 FIR Submit Date: 04/16/2019 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: 325723

Location Name: HUBERT MORRISON GAS UT Number: 17SWNE County: LA PLATA
A-N34N6W
Qtrqtr: SWNE Sec: 17 Twp: 34N Range: 6W Meridian: N
Latitude: 37.217743 Longitude: -107.547515

FACILITY - API Number: 05-067- -00 Facility ID: 215294

Facility Name: HUBERT MORRISON A Number: 1
Qtrqtr: SWNE Sec: 17 Twp: 34N Range: 6W Meridian: N
Latitude: 37.217743 Longitude: -107.547515

CORRECTIVE ACTIONS:

1 CA# 124329

Corrective Action: Clean up areas of stained gravel in accordance with Rule 907.e. and make sure all fittings are properly secure in accordance with Rule 605.d.

Date: 05/16/2019

Response: CA COMPLETED Date of Completion: 05/29/2019

Corrective action complete - stained gravel cleaned up, equipment washed, impacted soils disposed of at the operations center soil box for remediation in batch at IEI in Farmington NM. Equipment checked and maintained

Operator
Comment: by operations personnel.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed 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: Compliance Specialist

Date: 5/29/2019 12:17:16 PM

ATTACHMENT LIST

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

Document Number **Description**

402058000	CA completion document
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Total Attach: 1 Files