

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:
402258350

Date Received:
12/09/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900691
Inspection Date: 08/19/2019 FIR Submit Date: 08/20/2019 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: 326663

Location Name: MARTIN,JOE GAS UNIT-N34N7W Number: 10NWSE County: LA PLATA
Qtrqr: NWSE Sec: 10 Twp: 34N Range: 7W Meridian: N
Latitude: 37.227926 Longitude: -107.621150

FACILITY - API Number: 05-067-00 Facility ID: 261666

Facility Name: JOE MARTIN Number: 2
Qtrqr: NWSE Sec: 10 Twp: 34N Range: 7W Meridian: N
Latitude: 37.227926 Longitude: -107.621150

CORRECTIVE ACTIIONS:

1 CA# 129427

Corrective Action: Control weeds no later than August 27, 2019. Musk thistle flowerheads need to be cut, bagged, and properly disposed of to prevent seed dispersal. Revegetatoin needs to be conducted within the interim reclamtaion areas within the fall seeding window and no later than November 1, 2019.

Date: 08/27/2019

Response: CA COMPLETED Date of Completion: 09/16/2019

Weeds and weed debris has been removed see attached.

Operator: _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

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: 12/9/2019 3:16:11 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>
402258354	Weed removal closure

Total Attach: 1 Files