

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:

402295547

Date Received:

01/27/2020

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

Labowskie, Steve

steve.labowskie@state.co.us

Inspections, All

SanJuanCOGCC@bp.com

Beebe, Sabre

970-779-9398

Sabre.Beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905930

Inspection Date: 12/17/2019

FIR Submit Date: 12/17/2019

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: 326569

Location Name: MAGOON GAS UNIT D- Number: 20NESW County: LA PLATA
N35N6W

Qtrqtr: NESW Sec: 20 Twp: 35N Range: 6W Meridian: N

Latitude: 37.284323 Longitude: -107.554801

FACILITY - API Number: 05-067-

-00

Facility ID: 258102

Facility Name: MAGOON D

Number: 1

Qtrqtr: NESW Sec: 20 Twp: 35N Range: 6W Meridian: N

Latitude: 37.284323 Longitude: -107.554801

CORRECTIVE ACTIONS:

1 CA# 135439

Corrective Action: Update signs per Rule 210.

Date: 02/17/2020

Response: CA COMPLETED

Date of Completion: 01/17/2020

Operator
Comment: Signs replaced

COGCC Decision: _____

COGCC
Representative:

2 CA# 135440

Corrective Action: Remove unused equipment per Rule 603.f.

Date: 01/01/2020

Response: CA COMPLETED

Date of Completion: 01/17/2020

Operator
Comment:

Unused equipment removed and and disposed of properly see attached.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed

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: Specialist

Date: 1/27/2020 3:28:57 PM

ATTACHMENT LIST

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

Document Number Description

402295564	Closure photos
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Total Attach: 1 Files