

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:

402295608

Date Received:

01/27/2020

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

Beebe, Sabre

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901184

Inspection Date: 12/10/2019

FIR Submit Date: 12/12/2019

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: 428309

Location Name: Anderson GC C Number: 2 & 3 County: LA PLATA

Qtrqr: NESW Sec: 24 Twp: 34N Range: 8W Meridian: M

Latitude: 37.173442 Longitude: -107.672320

FACILITY - API Number: 05-067-00 Facility ID: 428302

Facility Name: ANDERSON C Number: 2

Qtrqr: NESW Sec: 24 Twp: 34N Range: 8W Meridian: M

Latitude: 37.173442 Longitude: -107.672320

CORRECTIVE ACTIONS:

1 CA# 135268

Corrective Action: Control weeds. Areas where infestation is dense will need re-seeding and monitoring and management to ensure that infestation is controlled and reclamation area is revegetating with desirable vegetation.

Date: 04/30/2020

Response: CA COMPLETED

Date of Completion: 01/16/2020

Operator Comment: Weeds manually removed from location. Location is a NO SPRAY location and manual removal is only course of action to address weeds.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA addressed via manual removal location is a landowner designated NO SPRAY

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 4:01:28 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>
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402295620	Closure photos
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Total Attach: 1 Files