

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:

402296491

Date Received:

01/28/2020

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: 693901340

Inspection Date: 01/09/2020

FIR Submit Date: 01/14/2020

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: 326337

Location Name: SIMMONS GAS UNIT A- N33N8W Number: 1SESE County: LA PLATA

Qtrqr: SESE Sec: 1 Twp: 33N Range: 8W Meridian: N

Latitude: 37.128707 Longitude: -107.662783

FACILITY - API Number: 05-067-00 Facility ID: 216255

Facility Name: SIMMONS A Number: 1

Qtrqr: SESE Sec: 1 Twp: 33N Range: 8W Meridian: N

Latitude: 37.128707 Longitude: -107.662783

CORRECTIVE ACTIONS:

1 CA# 135939

Corrective Action: Control weeds at the appropriate time and no later than 5/15/2020.

Date: 05/15/2020

Response: CA COMPLETED

Date of Completion: 01/23/2020

Operator Comment: Historical weed treatments performed on 3/19/2018, 7/2/2018, 5/2/2019, and 9/11/2019 per professional applicator data. location is treated a minimum of 2 times per growing season and this program is planned for 2020 growing season. This location is placed on the priority list for 2020 for treatment. Weed debris has been cleaned off location and disposed of. see attached.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed

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: 1/28/2020 1:24:17 PM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|---------------------|
| 402296506 | Completion document |
|-----------|---------------------|

Total Attach: 1 Files