

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402296595

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900534
Inspection Date: 07/10/2019 FIR Submit Date: 07/22/2019 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: 326071

Location Name: GEARHART 1-8-N34N7W Number: 8SEnw County: LA PLATA
Qtrqtr: SEnw Sec: 8 Twp: 34N Range: 7W Meridian: N
Latitude: 37.232109 Longitude: -107.663834

FACILITY - API Number: 05-067-00 Facility ID: 215820

Facility Name: GEARHART C Number: 1
Qtrqtr: SEnw Sec: 8 Twp: 34N Range: 7W Meridian: N
Latitude: 37.232109 Longitude: -107.663834

CORRECTIVE ACTIONS:

1 CA# 128383

Corrective Action: Control jointed goatgrass infestation in a manner that prevents seed dispersal by July 31, 2019. If seed is mature and dispersing in 2019, then subsequent treatments are required in spring 2020.

Date: 07/31/2019

Reclamation needs to be conducted within portions of the project area not in use for production operations. This needs to be conducted within the 2019 seeding window and no later than November 1, 2019.

Response: CA COMPLETED Date of Completion: 01/23/2020

Operator Comment: Seeding, mucking and crimping of interim reclamation was performed 1/23/2019 and location is scheduled for additional weed treatment on March 9, 2020 on location as well.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action 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: Specialist

Date: 1/28/2020 2:09:01 PM

ATTACHMENT LIST

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

Document Number Description

402296614	Closure document
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Total Attach: 1 Files