

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:

402039009

Date Received:

05/09/2019

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

Sabre Beebe 970-779-9398 SanJuanCOGCC@bp.com

Sabre Beebe 970-779-9398 sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680603340

Inspection Date: 11/09/2018

FIR Submit Date: 12/05/2018

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 380 AIRPORT RD

City: DURANGO State: CO Zip: 81303

LOCATION - Location ID: 325792

Location Name: LEMON GAS UNIT G-M34N8W Number: 8SWNW County: LA PLATA

Qtrqtr: SWN Sec: 8 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.209139 Longitude: -107.747158

FACILITY - API Number: 05-067- -00 Facility ID: 215386

Facility Name: LEMON G Number: 1

Qtrqtr: SWN Sec: 8 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.209139 Longitude: -107.747158

CORRECTIVE ACTIONS:

1 ☒ CA# 120772

Corrective Action: Control weeds at the appropriate time but no later than June 1, 2019.

Date: 06/01/2019

Response: CA COMPLETED

Date of Completion: 04/29/2019

Operator Comment: Noxious weeds treated with herbicide by certified contractor. All BPX locations are on an annual treatment program. See attached

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Noxious weeds treated with herbicide by certified contractor. All BPX locations are on an annual treatment program. 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: Compliance Specialist

Date: 5/9/2019 4:10:40 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>
402039009	FIR RESOLUTION SUBMITTED
402039010	CA completion document

Total Attach: 2 Files