

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:
402079652

Date Received:
06/18/2019

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900187
Inspection Date: 04/09/2019 FIR Submit Date: 04/16/2019 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: 333824

Location Name: SNOOK GAS UNIT B-N32N7W Number: 5SWSW County: LA PLATA
Qtrqr: SWS Sec: 5 Twp: 32N Range: 7W Meridian: N
W
Latitude: 37.041751 Longitude: -107.637998

FACILITY - API Number: 05-067- -00 Facility ID: 213888

Facility Name: SNOOK B Number: 1
Qtrqr: SWS Sec: 5 Twp: 32N Range: 7W Meridian: N
W
Latitude: 37.041751 Longitude: -107.637998

CORRECTIVE ACTIIONS:

1 CA# 124317

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the southeastern portion of the project area and along the access road. Stormwater controls need to be installed using good engineering practices and adequate to stabilize erosion and manage stormwater flows.

Date: 05/17/2019

Response: CA COMPLETED Date of Completion: 06/04/2019

Berm around location repaired and reinstalled. Well regrading of pad to direct storm water flow accordingly. See

Operator Comment: attached.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed 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: 6/18/2019 3:34:31 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>
402079652	FIR RESOLUTION SUBMITTED
402079689	CA closure document

Total Attach: 2 Files