

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:

402347460

Date Received:

03/19/2020

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: 693900571  
Inspection Date: 07/19/2019 FIR Submit Date: 07/25/2019 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: 325562

Location Name: HOTT-N33N6W Number: 30SESW County: LA PLATA  
Qtrqtr: NESW Sec: 30 Twp: 33N Range: 6W Meridian: N  
Latitude: 37.071681 Longitude: -107.545908

FACILITY - API Number: 05-067-00 Facility ID: 215006

Facility Name: HOTT Number: 30-02 1  
Qtrqtr: NESW Sec: 30 Twp: 33N Range: 6W Meridian: N  
Latitude: 37.071681 Longitude: -107.545908

CORRECTIVE ACTION:

1 CA# 128553

Corrective Action: Control weeds. Musk thistles in flowering condition need to be cut, bagged, and properly disposed of no later than August 2, 2019, to prevent seed dispersal. Thistle rosettes and other weeds (ie R. knapweed) need to be controlled by August 23, 2019.

Date: 08/02/2019

Response: CA COMPLETED Date of Completion: 08/08/2019

Operator Comment: Corrective action completed 8/8/2019 monitoring will continue as vegetaion progresses and actions taken to address weeds and not damage newly seeded area.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA completed 8/8/2019

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: 3/19/2020 2:19:58 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402347475	Closure document
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Total Attach: 1 Files