

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:
402360919

Date Received:
04/02/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901419
Inspection Date: 02/10/2020 FIR Submit Date: 02/12/2020 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: 333635

Location Name: ROBERT MCCOY GAS UNIT Number: 18NESE County: _____
"B"-M34N7W
Qtrqr: NESE Sec: 18 Twp: 34N Range: 7W Meridian: M
Latitude: 37.188236 Longitude: -107.644924

FACILITY - API Number: 05-067- -00 Facility ID: 333635

Facility Name: ROBERT MCCOY GAS UNIT Number: 18NESE
"B"-M34N7W
Qtrqr: NESE Sec: 18 Twp: 34N Range: 7W Meridian: M
Latitude: 37.188236 Longitude: -107.644924

CORRECTIVE ACTIONS:

1 CA# 136509

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the project area. Stormwater controls need to be selected, sized, installed, and maintained using good engineering practices such as those described by CDOT in their erosion control manuals.

Date: 02/28/2020

Response: CA COMPLETED Date of Completion: 03/31/2020

Work completed see attached.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action complete 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: 4/2/2020 5:05:51 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>
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402360929	Completion photos
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Total Attach: 1 Files