

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:
402381627

Date Received:
04/27/2020

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>sabre.beebe@bpx.com</u> |
| . | | <u>SanJuanCOGCC@bp.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901614
Inspection Date: 04/03/2020 FIR Submit Date: 04/07/2020 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: 333508

Location Name: Arthur Jones A Number: 3 County: LA PLATA
Qtrqr: SWN Sec: 26 Twp: 33N Range: 7W Meridian: N
W
Latitude: 37.077467 Longitude: -107.583386

FACILITY - API Number: 05-067- -00 Facility ID: 215409

Facility Name: ARTHUR JONES A Number: 1
Qtrqr: SWN Sec: 26 Twp: 33N Range: 7W Meridian: N
W
Latitude: 37.077467 Longitude: -107.583386

CORRECTIVE ACTIIONS:

1 CA# 137810

Corrective Action: Control weeds no later than 6/1/2020. Additional treatments may be needed during the 2020 growing season to control infestation. Date: 06/01/2020

Response: CA COMPLETED Date of Completion: 04/20/2020

Operator Comment: Initial 2020 weed treatment completed on 4/20/20. Previous treatments 6/24/2016, 8/1/2017, 6/1/2018, and 4/9/2019. See attached.

COGCC Decision: Approved pending re-inspection

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: 4/27/2020 1:08:04 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> |
|-------------------------------|---------------------------|
| 402381627 | FIR RESOLUTION SUBMITTED |
| 402381632 | Completion photos |

Total Attach: 2 Files