

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:
402382206

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

Beebe, Sabre

SanJuanCOGCC@bp.com

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693900870

Inspection Date: 09/24/2019

FIR Submit Date: 10/02/2019

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: 325963

Location Name: GARCIA GAS UNIT-N35N8W Number: 21NESE County: LA PLATA

Qtrqtr: NESE Sec: 21 Twp: 35N Range: 8W Meridian: N

Latitude: 37.284885 Longitude: -107.744897

FACILITY - API Number: 05-067- -00 Facility ID: 215641

Facility Name: GARCIA Number: 1

Qtrqtr: NESE Sec: 21 Twp: 35N Range: 8W Meridian: N

Latitude: 37.284885 Longitude: -107.744897

CORRECTIVE ACTIONS:

1 ☒ CA# 131314

Corrective Action: Stormwater and sediment 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 in CDOT manuals for erosion control.

Date: 10/18/2019

Response: CA COMPLETED

Date of Completion: 04/14/2020

Operator Comment: Stormwater BMP's installed. See attached.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Stormwater 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: Specialist

Date: 4/27/2020 4:36:49 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>
402382206	FIR RESOLUTION SUBMITTED
402382210	Work completion photos

Total Attach: 2 Files