

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:

402407138

Date Received:

05/27/2020

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

Inspections, All

SanJuanCOGCC@bp.com

Beebe, Sabre

970-779-9398

Sabre.Beebe@bpx.com

Labowskie, Steve

steve.labowskie@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905275

Inspection Date: 07/22/2019

FIR Submit Date: 07/22/2019

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: 333450

Location Name: WHITE, FRANCIS GAS UNIT Number: 27NWNE County: LA PLATA
A-M34N9W

Qtrqtr: NWNE Sec: 27 Twp: 34N Range: 9W Meridian: M

Latitude: 37.165979 Longitude: -107.809600

FACILITY - API Number: 05-067- -00 Facility ID: 269248

Facility Name: FRANCIS WHITE A Number: 2

Qtrqtr: NWNE Sec: 27 Twp: 34N Range: 9W Meridian: M

Latitude: 37.165979 Longitude: -107.809600

CORRECTIVE ACTIONS:

1 CA# 128403

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 08/22/2019

Response: CA COMPLETED

Date of Completion: 04/06/2020

Stained soils cleaned up and disposed of in the BPX soil box for batch remediation at IEI

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed 4/6/20 and confirmed as complete on 5/27/20

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: 5/27/2020 3:51:15 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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Total Attach: 0 Files