

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:  
402407167

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901188  
Inspection Date: 12/10/2019 FIR Submit Date: 12/12/2019 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: 326360

Location Name: WITT-M34N8W Number: 23SESW County: LA PLATA  
Qtrqtr: SESW Sec: 23 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.170913 Longitude: -107.682329

FACILITY - API Number: 05-067- -00 Facility ID: 216310

Facility Name: WITT Number: 34-23 1  
Qtrqtr: SESW Sec: 23 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.170913 Longitude: -107.682329

CORRECTIVE ACTIONS:

1 CA# 135312

Corrective Action: Remove and properly store unused equipment. Date: 01/12/2020

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

Operator Comment: Informed by land department that unused equipment in photo 3 of inspection is a ramp installed on location for irrigation pivot to travel over well equipment per SUA agreement. Land Owner states all their belongings have been removed from pad.

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

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action reported to be completed

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 4:01:24 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