

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:
402442185

Date Received:
07/13/2020

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: 693901952
Inspection Date: 06/24/2020 FIR Submit Date: 06/25/2020 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: 333448

Location Name: MOSKETTI-M34N8W Number: 33NESE County: LA PLATA
Qtrqtr: NESE Sec: 33 Twp: 34N Range: 8W Meridian: M
Latitude: 37.145810 Longitude: -107.717843

FACILITY - API Number: 05-067-00 Facility ID: 216171

Facility Name: MOSKETTI Number: 43-33 1
Qtrqtr: NESE Sec: 33 Twp: 34N Range: 8W Meridian: M
Latitude: 37.145810 Longitude: -107.717843

CORRECTIVE ACTIONS:

1 CA# 140000

Corrective Action: -Additional weed treatments/management techniques need to be applied to control weed infestation before flowering and seed dispersal, and no later than 7/15/2020. Flowering individuals need to be bagged, removed, and properly disposed of, to prevent further weed infestation.

Date: 07/15/2020

Response: CA COMPLETED

Date of Completion: 07/08/2020

Operator Comment: Weed seed heads removed and properly disposed of 7/8/20 and weed herbicide applied. Previous treatment dates are: 7/7/2016

7/6/2017
7/3/2018
7/1/2019

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action 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: 7/13/2020 12:36:45 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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402442191	Work completion photos
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Total Attach: 1 Files