

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:
402452819

Date Received:
07/27/2020

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>Hughes, Jim</u>		<u>jimo.hughes@state.co.us</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901963
Inspection Date: 06/29/2020 FIR Submit Date: 06/29/2020 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: 333841

Location Name: STATE GAS UNIT CB-N33N6W Number: 18NWSW County: LA PLATA
Qtrqtr: NWS Sec: 18 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.101439 Longitude: -107.546720

FACILITY - API Number: 05-067-00 Facility ID: 215596

Facility Name: STATE CB Number: 1
Qtrqtr: NWS Sec: 18 Twp: 33N Range: 6W Meridian: N
W
Latitude: 37.101439 Longitude: -107.546720

CORRECTIVE ACTIIONS:

1 CA# 140079

Corrective Action: -Control and contain spills/releases and clean up per Rule 906.a. Contact area Environmental Protection Specialist Jim Hughes: (970) 903-4072; Corrective action date: 6/30/2020.

Date: 06/30/2020

Response: CA COMPLETED

Date of Completion: 06/29/2020

Operator
Comment:

Document 402416551 reporting spill and control and containment of spill filed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

Document 402416551 reporting spill and control and containment of spill filed.

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: 7/27/2020 9:02:44 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files