

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:
402452846

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>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Murray, Richard</u>		<u>g.richard.murray@state.co.us</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800746
Inspection Date: 06/25/2020 FIR Submit Date: 06/26/2020 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqr: NENE Sec: 36 Twp: 34N Range: 8W Meridian: M
Latitude: _____ Longitude: _____

FACILITY - API Number: 05-067- -00 Facility ID: 477070

Facility Name: So Ute Tribal A 5-1 Number: _____
Qtrqr: NENE Sec: 36 Twp: 34N Range: 8W Meridian: M
Latitude: _____ Longitude: _____

CORRECTIVE ACTIONS:

1 CA# 140034

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

Date: 06/27/2020

Response: CA COMPLETED

Date of Completion: 07/02/2020

Operator Comment: Release stopped 6/25/20 and supplemental form 19 submitted on 7/2/20 to COGCC for approval to address this CA.

COGCC Decision: _____

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Release stopped 6/25/20 and supplemental form 19 submitted on 7/2/20 to COGCC for approval to address this CA.

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 9:25:07 AM

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