

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:  
402457847

Date Received:  
08/03/2020

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>sabre.beebe@bpx.com</u>
		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901956  
Inspection Date: 06/24/2020 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: 333828

Location Name: KRAJACK-M34N8W Number: 27NESE County: LA PLATA  
Qtrqtr: NESE Sec: 27 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.159786 Longitude: -107.699831

FACILITY - API Number: 05-067- -00 Facility ID: 216107

Facility Name: KRAJACK Number: 43-27 1  
Qtrqtr: NESE Sec: 27 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.159786 Longitude: -107.699831

CORRECTIVE ACTIONS:

1 CA# 140001

Corrective Action: Erosion controls and revegetation need to be installed to stabilize erosion on the well pad cut-slopes. Erosion controls need to be maintained in place until stabilized with desirable perennial vegetation. Date: 09/01/2020

Response: CA COMPLETED Date of Completion: 07/23/2020

Operator Comment: Seeding with application of biodegradable blanket for erosion control and revegetation. See attached.

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

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective Action complete 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: 8/3/2020 9:43:25 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
-------------------------------	---------------------------

402457859	Work completion photos
-----------	------------------------

Total Attach: 1 Files