

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:

402476333

Date Received:

08/27/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901968
Inspection Date: 06/29/2020 FIR Submit Date: 06/30/2020 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: 325581

Location Name: TAICHERT-N33N6W Number: 32SENW County: LA PLATA
Qtrqtr: SENW Sec: 32 Twp: 33N Range: 6W Meridian: N
Latitude: 37.063760 Longitude: -107.527189

FACILITY - API Number: 05-067-00 Facility ID: 215036

Facility Name: TAICHERT Number: 32-02 1
Qtrqtr: SENW Sec: 32 Twp: 33N Range: 6W Meridian: N
Latitude: 37.063760 Longitude: -107.527189

CORRECTIVE ACTIONS:

1 CA# 140093

Corrective Action: -Control weeds at the appropriate time and no later than 9/1/2020. Areas treated for Russian knapweed should be re-seeded with desirable perennial grasses in the fall to compete with the knapweed.

Date: 09/01/2020

Response: CA COMPLETED Date of Completion: 08/19/2020

Operator Comment: Additional weed treatment performed on 8/19/20. Previous treatment dates are:
7/20/2016
7/28/2017
8/30/2018

4/8/2019
5/13/20
See attached documentation for weed contractor

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed 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: 8/27/2020 11:00:25 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> |
|-------------------------------|------------------------------|
| 402476340 | Weed treatment documentation |

Total Attach: 1 Files