

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:

402476346

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: 693901972
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: 325729

Location Name: HOTT 29-2-N33N6W Number: 29NENW County: LA PLATA
Qtrqtr: NENW Sec: 29 Twp: 33N Range: 6W Meridian: N
Latitude: 37.079125 Longitude: -107.526571

FACILITY - API Number: 05-067-00 Facility ID: 215300

Facility Name: HOTT 29-02 Number: 2
Qtrqtr: NENW Sec: 29 Twp: 33N Range: 6W Meridian: N
Latitude: 37.079125 Longitude: -107.526571

CORRECTIVE ACTIONS:

1 CA# 140096

Corrective Action: -Control weeds at the appropriate time and no later than 9/1/2020. Areas treated for Russian knapweed need to 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: 08/18/2020

Operator Comment: Additional weed treatment performed see attached. Previous treatment dates:
6/16/16
7/28/17
5/31/18

4/9/19
7/15/20

COGCC Decision: _____

COGCC
Representative:

--

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 11:05:10 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>
402476348	Weed treatment documentation

Total Attach: 1 Files