

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:

402476381

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>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902134  
Inspection Date: 08/11/2020 FIR Submit Date: 08/13/2020 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: 325912

Location Name: STATE 1-36/35-8-N35N8W Number: 36SENW County: LA PLATA  
Qtrqtr: SENW Sec: 36 Twp: 35N Range: 8W Meridian: N  
Latitude: 37.261537 Longitude: -107.699881

FACILITY - API Number: 05-067-00 Facility ID: 215553

Facility Name: STATE 01-36; 35-08 Number: 2  
Qtrqtr: SENW Sec: 36 Twp: 35N Range: 8W Meridian: N  
Latitude: 37.261537 Longitude: -107.699881

CORRECTIVE ACTION:

1 CA# 141219

Corrective Action: -Cut and bag flowering musk thistles and properly dispose, to prevent seed dispersal and control weeds by 8/30/2020. Date: 08/30/2020

Response: CA COMPLETED Date of Completion: 08/25/2020

Operator Comment: Weed removal and treatment performed 8/25/20 see attached. Previous treatment dates are:  
7/13/2017  
7/10/2018  
6/27/2019

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 11:39:42 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402476389	Weed treatment documentation
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Total Attach: 1 Files