

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:

402530353

Date Received:

11/11/2020

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

Heil, John

john.heil@state.co.us

Fischer, Alex

alex.fischer@state.co.us

Inspections, All

SanJuanCOGCC@bp.com

Beebe, Sabre

970-779-9398

Sabre.Beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800807

Inspection Date: 09/17/2020

FIR Submit Date: 09/22/2020

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: _____

Qtrqtr: SWSE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.096763 Longitude: -107.902139

FACILITY - API Number: 05-067- -00 Facility ID: 478046

Facility Name: High Flume Canyon Number: _____

Qtrqtr: SWSE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.096763 Longitude: -107.902139

CORRECTIVE ACTIONS:

1 CA# 142208

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

Date: 10/22/2020

Response: CA COMPLETED

Date of Completion: 10/05/2020

Please refer to document #402496637 and 40290497 for reprotng and containment of spill or release. Lab results from sampling support no remedial action is required on this release or spill. Investigation of spill or

Operator
Comment: release will be reported to COGCC staff by Environmental personnel prior to submission for closure of spill or release report.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed

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: 11/11/2020 9:18:24 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files