

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
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>

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: _____
Qtrqr: 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: _____
Qtrqr: 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.

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files