

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:
402530468

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902384
Inspection Date: 10/20/2020 FIR Submit Date: 10/21/2020 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: 413525

Location Name: LEWIS GU Number: 2 County: LA PLATA
Qtrqr: NWS Sec: 21 Twp: 35N Range: 7W Meridian: N
W
Latitude: 37.285970 Longitude: -107.646440

FACILITY - API Number: 05-067- -00 Facility ID: 412272

Facility Name: Lewis Number: 2
Qtrqr: NWS Sec: 21 Twp: 35N Range: 7W Meridian: N
W
Latitude: 37.285970 Longitude: -107.646440

CORRECTIVE ACTIONS:

1 CA# 142860

Corrective Action: Remove, bag, and properly dispose of musk thistle seedheads by 11/15/2020 to prevent weed seed dispersal. Thistles including rosettes need to be controlled no later than 6/1/2021. Care needs to be taken when treating musk thistle to prevent damage to desirable vegetation.

Date: 11/15/2020

Response: CA COMPLETED Date of Completion: 11/03/2020

Location is a no spray location per landowner. Manual removal and proper disposal performed 11/3/20 see

Operator
Comment: attached

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action 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 10:21:50 AM

ATTACHMENT LIST

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

Document Number **Description**

402530470	weed removal completion
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Total Attach: 1 Files