

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402558585

Date Received:
12/21/2020

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 Contact Name and Telephone:
Name of Operator: BP AMERICA PRODUCTION COMPANY Name: _____
Address: 1199 MAIN AVENUE SUITE 101 Phone: () _____ Fax: () _____
City: DURANGO State: CO Zip: 81301 Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>Sabre Beebe</u>	<u>970-769-9523</u>	<u>sabre.beebe@bpx.com</u>
<u>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902224
Inspection Date: 09/01/2020 FIR Submit Date: 09/03/2020 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: 325881

Location Name: BUSH FEDERAL GAS UNIT-N34N7W Number: 8NWSE County: LA PLATA
Qtrqtr: NWSE Sec: 8 Twp: 34N Range: 7W Meridian: N
Latitude: 37.226067 Longitude: -107.656020

FACILITY - API Number: 05-067-00 Facility ID: 215509

Facility Name: BUSH FEDERAL Number: 1
Qtrqtr: NWSE Sec: 8 Twp: 34N Range: 7W Meridian: N
Latitude: 37.226067 Longitude: -107.656020

CORRECTIVE ACTIONS:

1 CA# 141697

Corrective Action: Stormwater and erosion controls need to be installed to stabilize erosion within the project area, including access road. Stormwater controls need to be selected, sized, installed, and maintained according to good engineering practices such as those described by CDOT in their erosion control manuals.

Date: 10/30/2020

Response: CA COMPLETED Date of Completion: 11/17/2020

Operator Comment: ECB blanket and rock rundown installed see attached.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed 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: 12/21/2020 3:11:28 PM

ATTACHMENT LIST

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

Document Number Description

402558588	Work completion photos
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Total Attach: 1 Files