

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:
402565060

Date Received:
01/04/2021

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>Sabre Beebe</u>	<u>970-769-9523</u>	<u>sabre.beebe@ikavenergy.com</u>
<u>SJN Inspection general mailbox</u>		<u>sjninspections@ikavenergy.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902507
Inspection Date: 11/13/2020 FIR Submit Date: 11/16/2020 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: 325109

Location Name: SIMMS GAS UNIT-N33N7W Number: 30NENW County: LA PLATA
Qtrqtr: NENW Sec: 30 Twp: 33N Range: 7W Meridian: N
Latitude: 37.079590 Longitude: -107.653014

FACILITY - API Number: 05-067-00 Facility ID: 214025

Facility Name: SIMMS Number: 1
Qtrqtr: NENW Sec: 30 Twp: 33N Range: 7W Meridian: N
Latitude: 37.079590 Longitude: -107.653014

CORRECTIVE ACTIONS:

1 CA# 144378

Corrective Action: Stormwater controls need to be installed to stabilize erosion within the project area. Date: 12/16/2020

Response: CA COMPLETED Date of Completion: 12/16/2020

Old BMP's maintained and new bmp's installed please see attached.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Old BMP's maintained and new bmp's installed please 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: 1/4/2021 8:36:09 AM

ATTACHMENT LIST

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

Document Number **Description**

402565072	Work completion document
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Total Attach: 1 Files