

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402565080

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>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Heil, John</u>		<u>john.heil@state.co.us</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>SJN Inspection general mailbox</u>		<u>sjninspections@ikavenergy.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800819
Inspection Date: 11/06/2020 FIR Submit Date: 11/11/2020 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: 325624

Location Name: F W BEUTEN UNIT-N33N7W Number: 20SESE County: LA PLATA
Qtrqr: SESE Sec: 20 Twp: 33N Range: 7W Meridian: N
Latitude: 37.085553 Longitude: -107.627231

FACILITY - API Number: 05-067-00 Facility ID: 215120

Facility Name: BEUTEN B Number: 1
Qtrqr: SESE Sec: 20 Twp: 33N Range: 7W Meridian: N
Latitude: 37.085553 Longitude: -107.627231

CORRECTIVE ACTIONS:

1 CA# 144315

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

Date: 12/11/2020

Response: CA COMPLETED

Date of Completion: 12/14/2020

Operator Comment: Stained soils have been removed and taken to IKAV soil box for batch remediation at IEI in New Mexico. stormwater BMP's installed as well as trash clean up. see attached.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed see attached documentation

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 8:47:25 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>
402565090	Completion documentation

Total Attach: 1 Files