

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:

402565212

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902451
Inspection Date: 11/02/2020 FIR Submit Date: 11/04/2020 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: 325656

Location Name: SOUTHERN UTE 29-1-N33N6W Number: 29SWSE County: LA PLATA
Qtrqtr: SWSE Sec: 29 Twp: 33N Range: 6W Meridian: N
Latitude: 37.070414 Longitude: -107.520963

FACILITY - API Number: 05-067-00 Facility ID: 215178

Facility Name: SOUTHERN UTE 29-01 Number: 2
Qtrqtr: SWSE Sec: 29 Twp: 33N Range: 6W Meridian: N
Latitude: 37.070414 Longitude: -107.520963

CORRECTIVE ACTIONS:

1 CA# 144166

Corrective Action: -Additional stabilization is needed within the southeastern diversion to stabilize bare soils by 12/4/2020.

Date: 12/04/2020

Response: CA COMPLETED

Date of Completion: 12/23/2020

Operator Comment: Stormwater BMP's maintained and/or newly installed see attached.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Stormwater BMP's maintained and/or newly installed 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 9:55:12 AM

ATTACHMENT LIST

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

Document Number Description

402565217	Work completion documentation
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Total Attach: 1 Files