

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:  
402480185

Date Received:  
09/02/2020

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>Labowskie, Steve</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>	<u>970-375-7530</u>	<u>steve.labowskie@state.co.us</u>
		<u>Sabre.Beebe@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 695102998  
Inspection Date: 07/21/2020 FIR Submit Date: 07/29/2020 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: 326077

Location Name: ELDRIDGE-N33N11W Number: 25SENW County: LA PLATA  
Qtrqr: SENW Sec: 25 Twp: 33N Range: 11W Meridian: N  
Latitude: 37.078416 Longitude: -107.997049

FACILITY - API Number: 05-067-00 Facility ID: 215827

Facility Name: ELDRIDGE Number: 25-02 #1  
Qtrqr: SENW Sec: 25 Twp: 33N Range: 11W Meridian: N  
Latitude: 37.078416 Longitude: -107.997049

CORRECTIVE ACTIONS:

1 CA# 140792

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes.

Date: 10/21/2020

Response: CA COMPLETED

Date of Completion: 08/19/2020

Stained soils removed and deposited in soil box at BPX facility for remediation at IEI in Farmington NM see attached. Operations reviewed inspection process in meeting.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

COGCC Decision: \_\_\_\_\_

COGCC  
Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions 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: 9/2/2020 6:01:38 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>
402480186	Work completion documentation

Total Attach: 1 Files