

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:

402480189

Date Received:

09/02/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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
Beebe, Sabre		sabre.beebe@bpx.com
.		SanJuanCOGCC@bp.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902070
Inspection Date: 07/23/2020 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: 333614

Location Name: J W WARD GAS UNIT A- N33N8W Number: 5NENW County: LA PLATA
Qtrqtr: NWN Sec: 5 Twp: 33N Range: 8W Meridian: N
Latitude: 37.137399 Longitude: -107.745809

FACILITY - API Number: 05-067-00 Facility ID: 215724

Facility Name: JW WARD A Number: 1
Qtrqtr: NWN Sec: 5 Twp: 33N Range: 8W Meridian: N
Latitude: 37.137399 Longitude: -107.745809

CORRECTIVE ACTIIONS:

1 CA# 140848

Corrective Action: -Kochia debris needs to be managed by 8/30/2020. Date: 08/30/2020

Response: CA COMPLETED Date of Completion: 08/04/2020

Operator Comment: Mowing performed on 8/4/20 and debris removed on 8/21/20 see attached

COGCC Decision: _____

COGCC
Representative:

2 CA# 140849

Corrective Action: Remove and properly dispose of stained soils. Maintain equipment to prevent additional discharges.

Date: 08/14/2020

Response: CA COMPLETED

Date of Completion: 08/21/2020

Operator
Comment:

Corrective action completed. Stained soils cleaned up and disposed of in BP soil box for remediation at IEI in NM see attached

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 6:26:48 AM

ATTACHMENT LIST

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

Document Number **Description**

402480190	Work completion photos
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Total Attach: 1 Files