

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:

402509268

Date Received:

10/13/2020

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

Beebe, Sabre SanJuanCOGCC@bp.com

Beebe, Sabre sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902191

Inspection Date: 08/26/2020

FIR Submit Date: 08/26/2020

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: 325939

Location Name: HANCOCK FEDERAL GAS UNIT-N35N7W Number: 29NENW County: LA PLATA

Qtrqr: NENW Sec: 29 Twp: 35N Range: 7W Meridian: N

Latitude: 37.276900 Longitude: -107.660221

FACILITY - API Number: 05-067- -00 Facility ID: 215598

Facility Name: HANCOCK Number: 1

Qtrqr: NENW Sec: 29 Twp: 35N Range: 7W Meridian: N

Latitude: 37.276900 Longitude: -107.660221

CORRECTIVE ACTIONS:

1 CA# 141491

Corrective Action: Maintain/replace wattles within the project area. As wattles are full of sediment they are not likely adequate BMPs without frequent maintenance.

Date: 09/30/2020

Response: CA COMPLETED

Date of Completion: 09/25/2020

Operator Comment: Non-functioning wattles removed from location and disturbance. Armored rundowns and check dams installed. additional work all completed on 9/25/20 see attached documentation of work completed.

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

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action addressed

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: 10/13/2020 7:23:06 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402509270	Completion documentation
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Total Attach: 1 Files