

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
.		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>

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
Qtrqtr: 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
Qtrqtr: NENW Sec: 29 Twp: 35N Range: 7W Meridian: N
Latitude: 37.276900 Longitude: -107.660221

CORRECTIVE ACTIIONS:

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:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action addressed

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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

Total Attach: 1 Files