

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:
402324983

Date Received:
02/26/2020

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>Beebe, Sabre</u>	<u>970-779-9398</u>	<u>Sabre.Beebe@bpx.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905274
Inspection Date: 07/22/2019 FIR Submit Date: 07/22/2019 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: 312012

Location Name: CUGNINI GAS UNIT A-M34N9W Number: 26NESW County: LA PLATA
Qtrqtr: NESW Sec: 26 Twp: 34N Range: 9W Meridian: M
Latitude: 37.159823 Longitude: -107.799816

FACILITY - API Number: 05-067-00 Facility ID: 260763

Facility Name: CUGNINI A Number: 2
Qtrqtr: NESW Sec: 26 Twp: 34N Range: 9W Meridian: M
Latitude: 37.159823 Longitude: -107.799816

CORRECTIVE ACTIIONS:

1 CA# 128402

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff. Date: 08/22/2019

Response: CA COMPLETED Date of Completion: 08/13/2019

Operatons team member serviced equipment and all impacted soils were manually removed and placed in the Industrial Ecosystem bin at BPX office for batch remediation. Photos of clean up work attached work was

Operator Comment: completed on 8/13/2020

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action complete and photos 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: 2/26/2020 3:24:32 PM

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>
402325050	Completion photos

Total Attach: 1 Files