

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:  
402551250

Date Received:  
12/10/2020

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>sabre.beebe@bpx.com</u>
<u>Sabre Beebe</u>	<u>970-769-9523</u>	<u>sabre.beebe@ikavenergy.com</u>
<u>-</u>		<u>SanJuanCOGCC@bp.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902538  
Inspection Date: 11/17/2020 FIR Submit Date: 11/19/2020 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: 306754

Location Name: REA GAS UNIT 18U-03-M34N8W Number: 18NESE County: LA PLATA  
Qtrqtr: NESE Sec: 18 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.188571 Longitude: -107.752850

FACILITY - API Number: 05-067-00 Facility ID: 262963

Facility Name: REA 18U-03 Number: 2  
Qtrqtr: NESE Sec: 18 Twp: 34N Range: 8W Meridian: M  
Latitude: 37.188571 Longitude: -107.752850

CORRECTIVE ACTIONS:

1 CA# 144476

Corrective Action: Control weeds at the appropriate time and no later than 6/1/2021. Date: 06/01/2021

Response: CA COMPLETED Date of Completion: 11/23/2020

Operator Comment: Additional weed treatment completed on 11/23/20. Previous treatment dates: 7/8/17, 6/27/18, 5/31/19, 6/29/20

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: See attached document for photos and documentation of weed treatments

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: 12/10/2020 12:29:29 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402551252	documentation of work completed
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Total Attach: 1 Files