

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:

400805034

Date Received:

03/06/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441025

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>BOPCO LP</u>	Operator No: <u>10172</u>	Phone Numbers
Address: <u>3850 N CAUSEWAY BLVD #1900</u>		Phone: <u>(504) 836-7200</u>
City: <u>METAIRIE</u>	State: <u>LA</u>	Zip: <u>70002</u>
Contact Person: <u>Marcel Tullier</u>		Mobile: <u>()</u>
		Email: <u>mptullier@basspet.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400805034

Initial Report Date: 03/06/2015 Date of Discovery: 03/05/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 3 TWP 1S RNG 98W MERIDIAN 6

Latitude: 39.991140 Longitude: -108.370750

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 316373
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 40 deg F. Snow melt.

Surface Owner: FEDERAL Other(Specify): BLM

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State Residence/Occupied Structure Livestock Public Byway Surface Water Supply Area

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Flowline rupture discovered 3/5/15 at 12:00. Exact location is being investigated however the water leg that leaked has been isolated from the rest of the field. The rest of the water piping system was pressured up and tested. The water leg from the YCF 3-45 remains shut in and isolated. Approximate 416 bbls produced water was release, but due to frost/snow on ground, the water has not been identified yet. Plans to inject air through line to identify exact location of the leak are in progress.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/6/2015	BLM		-	

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Marcel Tullier

Title: Production Superintendent Date: 03/06/2015 Email: mptullier@basspet.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400805034	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Wellsite# corrected to 3-45. Assess extent of contamination and remediate to comply with Table 910-1 standards. If initial remediation efforts attain Table 910-1, submit a Supplemental F-19 with data including laboratory results, a site map with sample locations, and documentation of any contaminated material disposal along with a request for closure. If site can not not be immediately remediated, submit a Form 27 with plans for assessment and cleanup to Table 910-1 compliance.	3/9/2015 7:59:06 AM
Industry	The wellsite refered to in the report is incorrect.It shoudl be 3-45 not 4-35.	3/6/2015 1:51:51 PM

Total: 2 comment(s)