

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:

400835734

Date Received:

05/08/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441025

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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> | Mobile: <u>(504) 715-4398</u> |
| Zip: <u>70002</u> | | Email: <u>dfmontelaro@basspet.com</u> |
| Contact Person: <u>Damian Montelaro</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 6Latitude: 39.991140 Longitude: -108.370750Municipality (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): 0Estimated Condensate Spill Volume(bbl): >0 and <1Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated 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: FEDERALOther(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

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------|---------|-------|----------|
| 3/6/2015 | BLM | | - | |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------|
| #1 | Supplemental Report Date: 05/08/2014 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 5 | 0 | <input type="checkbox"/> |
| DRILLING FLUID | 0 | 0 | <input type="checkbox"/> |
| FLOW BACK FLUID | 0 | 0 | <input type="checkbox"/> |
| OTHER E&P WASTE | 0 | 0 | <input type="checkbox"/> |

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

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

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 12 Width of Impact (feet): 12

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): _____

How was extent determined?

Further excavation was done on 4/22/15 to determine the extent of impacted material. The excavated soil was segregated into "cleaner soil" and "impacted soil" using a PID to screen for organic vapors. When screening indicated that impacts had decreased enough for cleanup, confirmation samples were collected. Four (4) confirmation grab soil samples were taken. One from each of the sidewalls. One (1) composite soil sample was taken from the floor of the excavation. Data from these samples indicated that TPH and Xylene levels in the confirmation samples were within acceptable levels. ee attachments.

Soil/Geology Description:

Rock and Sand

Depth to Groundwater (feet BGS) 655 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|-------------------------------------|-------------------|-------------|-------------------------------------|
| Water Well | <u>None</u> | <input checked="" type="checkbox"/> | Surface Water | <u>None</u> | <input checked="" type="checkbox"/> |
| Wetlands | <u>None</u> | <input checked="" type="checkbox"/> | Springs | <u>None</u> | <input checked="" type="checkbox"/> |
| Livestock | <u>None</u> | <input checked="" type="checkbox"/> | Occupied Building | <u>None</u> | <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

One (1) composite soil sample was collected from the "cleaner soil" to determine if the material could be used to back fill around the lower part of the excavation. This soil sample indicated that this material is under the allowable limits for TPH and xylene. BOPCO intends to return this material to the base of the excavation. Clean fill and topsoil will be used to backfill the uppermost three (3) feet of the excavation. The surface will be shaped and seeded as approved by the BLM.

CORRECTIVE ACTIONS

| | |
|--|--------------------------------------|
| #1 | Supplemental Report Date: 05/08/2015 |
| Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____ | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | |
| <div>An employee closed the SWD flowline valve at the YCF 4-32 SW Tank Battery location; causing the line to pressure up and rupture at the edge of the YCF 3-45-1 location.</div> | |
| Describe measures taken to prevent the problem(s) from reoccurring: | |
| <div>Re-train all personal in procedure to transfer produced water to the disposal wells.</div> | |
| Volume of Soil Excavated (cubic yards): 44 | |
| Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____ | |
| Volume of Impacted Ground Water Removed (bbls): 0 | |
| Volume of Impacted Surface Water Removed (bbls): 0 | |

REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: ☒ Corrective Actions Completed (documentation attached)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

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|--|

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

Signed: _____ Print Name: Damian Montelaro

Title: Engineering Tech Date: 05/08/2015 Email: dfmontelaro@basspet.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400835734 | FORM 19 SUBMITTED |
| 400835751 | OTHER |
| 400837410 | OTHER |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|-------------------------|
| Agency | Based on review of information presented, it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site. | 5/18/2015 3:16:18 PM |

Total: 1 comment(s)