

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:

400901239

Date Received:

09/24/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

443227

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>BAYSWATER EXPLORATION AND PRODUCTION LLC</u>	Operator No: <u>10261</u>	Phone Numbers
Address: <u>730 17TH ST STE 610</u>		Phone: <u>(303) 893-2503</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Don Barbula</u>		Mobile: <u>()</u>
		Email: <u>dbarbula@bayswater.us</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400901217

Initial Report Date: 09/17/2015 Date of Discovery: 09/17/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 24 TWP 4s RNG 62W MERIDIAN 6

Latitude: 39.686006 Longitude: -104.277520

Municipality (if within municipal boundaries): _____ County: ARAPAHOE

Reference Location:

Facility Type: OTHER Facility/Location ID No 320702
 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? No

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: 6 bbl produced water, 4 bbl Oil

Land Use:

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

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): _____

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):

five pounds of pressure were put on the separator at the Tami State facility in order to complete an Infrared Camera inspection and the bottom of the separator blew out because of corrosion. It is a 10 bbl separator so we estimate 6 bbl of produced water and 4 bbl of oil released. Our pumper was onsite and therefore was able to act quickly with oil pads. He estimates that he has soaked up (recovered) 3 bbls of the oil.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/17/2015	COGCC	Bob Chesson	303-8942100	Left a Voicemail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/17/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	4	3	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	6	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: 6 bbl PW, 4 BBL oil released, 3 bbl oil soaked up in oil pads

Was spill/release completely contained within berms or secondary containment? YES 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): 17 Width of Impact (feet): 21

Depth of Impact (feet BGS): 7 Depth of Impact (inches BGS): _____

How was extent determined?

Through excavation of impacted soil.

Soil/Geology Description:

Road base/Tank Battery inside berm. Weld Silt Loam 0 to 3 percent slopes

Depth to Groundwater (feet BGS) 55 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>3124</u>	None <input type="checkbox"/>	Surface Water	<u>2554</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Tami State is 2554 ft from dry creek bed. All contaminated soil has been removed. Remaining soil samples have been collected from the site and we are awaiting lab results.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/17/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Separator was unknowingly corroded and was pressured to 5 lbs to conduct Infrared Inspection of the facility. The bottom of the separator failed under that pressure allowing content to release.

Describe measures taken to prevent the problem(s) from reoccurring:

replace separator and treat with corrosion inhibitor.

Volume of Soil Excavated (cubic yards): 40

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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:

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

Signed: _____ Print Name: Don Barbula
 Title: Sr. V. P. Of Operations Date: 09/24/2015 Email: dbarbula@bayswater.us

COA Type	Description

Attachment Check List

Att Doc Num	Name
400905099	SITE MAP
400905102	AERIAL PHOTOGRAPH
400905104	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)