

State of Colorado
Oil and Gas Conservation Commission

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 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401062114

Date Received:

06/13/2016

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

446080

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>BP AMERICA PRODUCTION COMPANY</u>	Operator No: <u>10000</u>	Phone Numbers Phone: <u>(970) 375-7590</u> Mobile: <u>(970) 394-0253</u> Email: <u>andrew.hawk@bp.com</u>
Address: <u>380 AIRPORT RD</u>		
City: <u>DURANGO</u>	State: <u>CO</u> Zip: <u>81303</u>	
Contact Person: <u>Andrew Hawk</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401060429

Initial Report Date: 06/09/2016 Date of Discovery: 06/08/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 19 TWP 34N RNG 8W MERIDIAN MLatitude: 37.176680 Longitude: -107.762278Municipality (if within municipal boundaries): NA County: LA PLATA

Reference Location:

Facility Type: GAS GATHERING SYSTEM☐ Facility/Location ID No. _____☒ 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? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 3 barrels of CBM produced water

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Calm wind, 84F, SunnySurface Owner: FEEOther(Specify): Dennis Stiles

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):

A 6" gas gathering line was being purged after modifications were made to the line. An unexpected volume of produced water was pushed through the line during the purging process. The water in the line was released from the purge point, a 2" fitting at the end of the pipe riser.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/9/2016	COGCC	Jim Hughes	970-903-4072	Discussed details of the release
6/9/2016	Landowner	Dennis Stiles	-	Left detailed voice mail message
6/9/2016	La Plata County	Brenna Kampf	-	Provided an email with event details.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/13/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	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): 100 Width of Impact (feet): 40

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

How was extent determined?

The extent was determined by the measurement of the soils that we impacted by the release of the produced water during the line purging. There was clear delinieation of wet versus dry soils within the affected area. The shape of the impact was somewhat irregular.

Soil/Geology Description:

Impacted soils are generally clay/clay loam in structure. There was a portion of the release that ocured on a graveled driving surface. The release ocured in an area that is unirrigated pasture. The area of the release has a gentle slope from east to west, with the low lying area in the west. Soil samples of the affected area and unaffected area have been collected. The soils will be analyzed for full 910-1 compliance.

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 41

If less than 1 mile, distance in feet to nearest	Water Well <u>400</u>	None <input type="checkbox"/>	Surface Water <u>590</u>	None <input type="checkbox"/>
	Wetlands <u>415</u>	None <input type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock <u>200</u>	None <input type="checkbox"/>	Occupied Building <u>450</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The release occurred during the purging of a dedicated gas gathering line that had been out of service for modifications to the line. The duration of the release was approximately 20 seconds. The line segment undergoing modification was shut in after the purge was complete.

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: Andrew Hawk

Title: Environmental Coordinator Date: 06/13/2016 Email: andrew.hawk@bp.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401062114	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)