

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:

401876130

Date Received:

12/16/2018

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

459307

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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
Address: <u>380 AIRPORT RD</u>		Phone: <u>(505) 330-9179</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u>		Mobile: <u>(505) 330-9179</u>
Contact Person: <u>Steve Moskal</u>		Email: <u>steven.moskal@bpx.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401866521

Initial Report Date: 12/09/2018 Date of Discovery: 12/06/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 1 TWP 34N RNG 8w MERIDIAN N

Latitude: 37.238919 Longitude: -107.697998

Municipality (if within municipal boundaries): N/A County: LA PLATA

Reference Location:

Facility Type: PRODUCED WATER TRANSFER SYSTEM Facility/Location ID No _____

Spill/Release Point Name: Richardson G No Existing Facility or Location ID No.

Number: 2 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

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: Estimated 60 bbls based on area and depth of saturation.

Land Use:

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

Weather Condition: Snow, 30°F, wind 5-10 mph

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):

Release of water from a water transfer line. The produced water flowed approximately 280' from the release point. The line was shut in and water ceased to flow; no recovery was possible due to weather conditions.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/7/2018	COGCC	Jim Hughes	970-903-4072	Voicemail, then follow up conversation
12/6/2018	Private Land Owner	Private Land Owner	----	Contact by BPX land negotiaons dept.
12/7/2018	La Plata County	Courtney Roseberry	----	Email Notification

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	12/16/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	60	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: Approximately 60 bbls of produced water was released				
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): <u>280</u>		Width of Impact (feet): <u>75</u>		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
Area of release was physically measured and tracked with a high accuracy handheld GPS.				
Soil/Geology Description:				
Sandy soil with clay				
Depth to Groundwater (feet BGS) <u>36</u>		Number Water Wells within 1/2 mile radius: <u>39</u>		

If less than 1 mile, distance in feet to nearest

Water Well	<u>1015</u>	None	Surface Water	<u>310</u>	None
Wetlands	<u>1350</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>1270</u>	None <input type="checkbox"/>	Occupied Building	<u>1063</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/16/2018

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)

Failure of fiberglass water transfer line due to apparent damage from rocks or debris and road crossing encasement.

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

Fiberglass segment will be replaced with steel section

Volume of Soil Excavated (cubic yards): _____

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:

Soil sample results still pending and will be distributed upon receipt.

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

Signed: _____ Print Name: Steve Moskal
 Title: Enviro Coord. Date: 12/16/2018 Email: steven.moskal@bpx.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401876130	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401876135	SITE MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)