

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:

401891117

Date Received:

01/17/2019

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: _____

CORRECTIVE ACTIONS

| | |
|--|--------------------------------------|
| #1 | Supplemental Report Date: 01/17/2019 |
| Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" 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>The leak was found to be a crack in a 3" fiberglass produced water pipeline approximately 5 feet inside the casing from the end of the casing. Upon further excavation of the fiberglass pipeline on the exterior of the road bore casing it was found that the fiberglass pipe was originally installed with a bend that caused a stress within the casing. The relative immobility of the steel casing to the fiberglass was a contributing factor to the crack in the fiberglass pipeline.</div> | |
| Describe measures taken to prevent the problem(s) from reoccurring: <div>The fiberglass pipe was padded inside the casing during reinstallation.</div> | |
| Volume of Soil Excavated (cubic yards): 0 | |
| Disposition of Excavated Soil (attach documentation) <input 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:

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: 01/17/2019 Email: steven.moskal@bpx.com

COA Type

Description

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

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 401891121 | ANALYTICAL RESULTS |
| 401891125 | ANALYTICAL RESULTS |
| 401891126 | SITE MAP |
| 401891140 | ANALYTICAL RESULTS |
| 401891142 | ANALYTICAL RESULTS |

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)