

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:

402433922

Date Received:

06/29/2020

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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>1199 MAIN AVENUE SUITE 101</u>		Phone: <u>(505) 330-9179</u>
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</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# 402433922

Initial Report Date: 06/29/2020 Date of Discovery: 06/29/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWSW SEC 18 TWP 33N RNG 6W MERIDIAN N

Latitude: 37.101698 Longitude: -107.546787

Municipality (if within municipal boundaries): _____ County: LA PLATA

Reference Location:

Facility Type: FLOWLINE SYSTEM Facility/Location ID No 215596

Spill/Release Point Name: State CB 1 Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>>=5 and <100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: Approximately 25 bbls of produced water released on location

Land Use:

Current Land Use: OTHER Other(Specify): Well pad

Weather Condition: Warm, clear, 75F

Surface Owner: FEE Other(Specify): Private

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):

During an inspection, a produced water release from a flowline was discovered on pad. The water did flow off pad, approximately 2-3' beyond the well pad fence. The flowline was isolated and the site was assessed. Soil samples were collected with results in ~10 business days.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/29/2020	COGCC	Jim Hughes	970-903-4072	Voicemail
6/29/2020	La Plata County	Butch Knowlton	----	Email notification
6/29/2020	Landowner	Private	----	BP surface negotiator to contact LO

Was there a Grade 1 Gas Leak? Yes No

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

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

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

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes 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: Steve Moskal

Title: Enviro Coord Date: 06/29/2020 Email: steven.moskal@bpx.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)