

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

402439556

Date Received:

07/08/2020

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

477136

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>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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/08/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	25	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: 25 bbls produced water released and soaked in on site.				
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>100</u> Width of Impact (feet): <u>20</u>				
Depth of Impact (feet BGS): <u>0</u> Depth of Impact (inches BGS): <u>2</u>				
How was extent determined?				
Physically measured and mapped using high accuracy GPS.				
Soil/Geology Description:				
Well pad gravel and roadbase				

Depth to Groundwater (feet BGS) 50 Number Water Wells within 1/2 mile radius: 8
 If less than 1 mile, distance in feet to nearest Water Well 275 None Surface Water 100 None
 Wetlands 100 None Springs None
 Livestock 150 None Occupied Building 1185 None

Additional Spill Details Not Provided Above:

Depth to water based on DWR permit #249410

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: 07/08/2020 Email: steven.moskal@bpx.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402439627	SITE MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)