

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:

402527600

Date Received:

11/07/2020

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# 402527600

Initial Report Date: 11/07/2020 Date of Discovery: 11/06/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 30 TWP 33N RNG 7W MERIDIAN N

Latitude: 37.080441 Longitude: -107.654247

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

Reference Location:

Facility Type: FLOWLINE SYSTEM Facility/Location ID No 215421

Spill/Release Point Name: Simms E 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 245 bbls of produced water on pad, with minimal leaving edge of well pad

Land Use:

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

Weather Condition: Clear, 70F

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):

Produced water release from underground flowline, flowed accross pad to rock rundown, where operators stopped the release with a small berm.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/7/2020	Landowner	Private	--	BP Land negotiator to contact landowner
11/6/2020	COGCC	Jim Hughes	970-903-4072	Left Voicemail
11/7/2020	La Plata Co	Shawna Legarza	---	Email with response
11/6/2020	SUIT	Doug Krueger	970-769-3017	Left voicemail as a courtesy notification

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:

Soil and water sample collected on 11/6/20

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: 11/07/2020 Email: steven.moskal@bpx.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)