

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:

400831549

Date Received:

04/28/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441607

# SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. 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>	<b>Phone Numbers</b> Phone: <u>(970) 375-7590</u> Mobile: <u>(970) 394-0253</u> Email: <u>andrew.hawk@bp.com</u>
Address: <u>380 AIRPORT RD</u>		
City: <u>DURANGO</u>	State: <u>CO</u> Zip: <u>81303</u>	
Contact Person: <u>Andrew Hawk</u>		

## INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400831549

Initial Report Date: 04/28/2015 Date of Discovery: 04/27/2015 Spill Type: Recent Spill

### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 27 TWP 33N RNG 7W MERIDIAN N

Latitude: 37.077325 Longitude: -107.595301

Municipality (if within municipal boundaries): \_\_\_\_\_ County: LA PLATA

### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 426072  
☐ No Existing Facility or Location ID No.  
☐ 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? No

*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): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

Specify: Approximately 5 barrels of freshwater based bentonitic drilling mud.

### Land Use:

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

Weather Condition: Overcast, light rain. 52 degrees.

Surface Owner: FEE Other(Specify): Linda L Parry

### 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):

At approximately 1700 hours on 4/27/2015 a 6 inch suction hose feeding a mud pump on the drilling rig leaked. The leak resulted in approximately 5 barrels of fresh water based bentonitic drilling mud being deposited on the well pad surface. None of the drilling mud left the location and all released material was contained within the external pad berm. A vacuum truck responded to the location and removed all of the released material. The mud pumps were shut down to stop the release and all mud lines were secured.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/27/2015	COGCC	Jim Hughes	970-884-0491	Left phone message.
4/28/2015	La Plata County	Butch Knowlton	970-382-6270	Sent an email on 4/28.

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

Signed: \_\_\_\_\_ Print Name: Andrew Hawk  
Title: Environmental Advisor Date: 04/28/2015 Email: andrew.hawk@bp.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400831549	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)