

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400977056

Date Received:

01/26/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

444284

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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>BAYSWATER EXPLORATION AND PRODUCTION LLC</u>	Operator No: <u>10261</u>	Phone Numbers
Address: <u>730 17TH ST STE 610</u>		Phone: <u>(303) 8932503</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Meagan Miller</u>		Mobile: <u>()</u>
		Email: <u>mmiller@bayswater.us</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400952647

Initial Report Date: 12/11/2015 Date of Discovery: 12/10/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 25 TWP 7N RNG 67W MERIDIAN 6Latitude: 40.548419 Longitude: -104.836171Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. _____
☐ No Existing Facility or Location ID No.
☒ Well API No. (Only if the reference facility is well) 05-123-34767

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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: approximately 3 bbls oil; 2 1/2 bbls recovered

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: SunnySurface 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):

This morning while making his routine stop at the Walton 17-25, our pumper discovered that the wellhead was leaking. Approximately 3 bbls of oil were discovered around the wellhead, of which, 2 1/2 bbls were vac' trucked and recovered. The impacted soil has been excavated, the leak has been identified and fixed with simple tightening of the bolts on the flange. Samples will be taken around the well head to ensure the area has been cleaned up to COGCC standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/10/2015	COGCC	Rick Allison	970-461-2970	Emailed - none as of yet

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/25/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	3	2	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	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: Approximately 3 bbls oil released, 2.5 bbls recovered.

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 8 Width of Impact (feet): 8

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): 6

How was extent determined?

Excavated area until clean soil was reached. Excavation was delayed by frozen ground.

Soil/Geology Description:

Otero Sandy Loam; 1-3% slopes.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>829</u>	None <input type="checkbox"/>	Surface Water	<u>1104</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>2734</u>	None <input type="checkbox"/>	Occupied Building	<u>542</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Surface water is unnamed dry creek bed.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/25/2016

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

the leak has been identified and fixed with simple tightening of the bolts on the flange

Describe measures taken to prevent the problem(s) from reoccurring:

the leak has been identified and fixed with simple tightening of the bolts on the flange

Volume of Soil Excavated (cubic yards): 13

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ 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:

Bayswater would like to request No Further Action be taken on this matter as well as approval for back filling the excavated area.

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

Signed: _____ Print Name: Meagan M. Miller

Title: Environmental Specialist Date: 01/26/2016 Email: mmiller@bayswater.us

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400977090	ANALYTICAL RESULTS
400977091	SITE MAP
400977092	OTHER
400977094	SITE MAP
400977096	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)