

**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:

402235129

Date Received:

11/09/2019

Spill report taken by:

Graber, Candice  
 (Nikki)

Spill/Release Point ID:

469220

## 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>BAYSWATER EXPLORATION &amp; PRODUCTION LLC</u>	Operator No: <u>10261</u>	<b>Phone Numbers</b>  Phone: <u>( )</u> Mobile: <u>(720) 2556459</u> Email: <u>mschuster@bayswater.us</u>
Address: <u>730 17TH ST STE 500</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Michelle Schuster</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402235129

Initial Report Date: 11/09/2019 Date of Discovery: 11/08/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 19 TWP 7N RNG 65W MERIDIAN 6

Latitude: 40.568040 Longitude: -104.709500

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY
☒ Facility/Location ID No 439195
Spill/Release Point Name: Waag North Pad
☐ No Existing Facility or Location ID No.

Number: \_\_\_\_\_

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

Specify: Approximately 35 bbls of Produced Water within containment

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: ClearSurface 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):

Last night after a water hauler pulled a load, the water load line sprung a leak from a pinhole on the bottom of the pipe. This hole was from long term internal corrosion. The load bucket valve was shut but the valve on the water tank outlet was left open and water slowly leaked from the pinhole into containment. A vac truck removed approximately 22 bbls last night and 10 bbls of standing production water this morning. Total volume spilled is estimated at 35 bbls, all in containment. Nikki Graber with COGCC was contacted via telephone 11/9/2019 at 10:25 am and voice message was left providing notification of the release.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
11/9/2019	COGCC	Nikki Graber	970-250-0543	Left Voice Message

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

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

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

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

**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: Michelle Schuster
Title: Environmental Specialist	Date: 11/09/2019 Email: mschuster@bayswater.us

**COA Type**

**Description**

	calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.  The Supplemental Spill Report for this release is due by November 18, 2019.
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**Attachment Check List**

**Att Doc Num**

**Name**

402235129	SPILL/RELEASE REPORT(INITIAL)
402237831	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)