

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:

402377897

Date Received:

04/22/2020

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

474500

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>BERRY PETROLEUM COMPANY LLC</u>	Operator No: <u>10091</u>	Phone Numbers
Address: <u>5201 TRUXTUN AVENUE #100</u>		Phone: <u>(970) 285-5207</u>
City: <u>BAKERSFIELD</u>	State: <u>CA</u>	Mobile: <u>(970) 210-6693</u>
Zip: <u>90339</u>		Email: <u>dwilbourn@bry.com</u>
Contact Person: <u>Don Wilbourn</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402356758

Initial Report Date: 03/30/2020 Date of Discovery: 03/30/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NW/SE SEC 15 TWP 5S RNG 95W MERIDIAN 6

Latitude: 39.609861 Longitude: -108.038222

Municipality (if within municipal boundaries): N/A County: GARFIELD

Reference Location:

Facility Type: PIPELINE

☐ Facility/Location ID No

Spill/Release Point Name: Long Ridge J15

☐ 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 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Est. 5 bbl

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): Grazing

Weather Condition: Cloudy Snow

Surface Owner: FEE

Other(Specify): Caerus

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 approx. 2:00 pm on 3/30/2020 during pumping operations, operator noticed a mist coming from the pipeline right of way near the Long Ridge J15. Operator called it in and began shutting in wells, isolating and blowing down the line. This is a 3 phase line so there is produced water mixed with condensate. The mist melted the snow in a 5'X15' area estimated to be less than 5bbl. Clean up will begin as soon as we can clear the roads of snow and safely get equipment and crews on site.

List Agencies and Other Parties Notified:

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: 03/31/2020

FLUIDS

BBL's SPILLED BBL's RECOVERED Unknown

OIL	0	0	<input type="checkbox"/>
CONDENSATE	10	0	<input type="checkbox"/>
PRODUCED WATER	40	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: _____

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): 40 Width of Impact (feet): 15

Depth of Impact (feet BGS): 8 Depth of Impact (inches BGS): 96

How was extent determined?

Excavated to dry soil and soil had no smell of condensate. Excavated down to bedrock.

Soil/Geology Description:

sandy silt

Depth to Groundwater (feet BGS) 60 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well None ☒ Surface Water None ☒

Wetlands None ☒ Springs None ☒

Livestock None ☒ Occupied Building None ☒

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/22/2020
Root Cause of Spill/Release <u>Pipe, Weld, or Joint Failure</u>		
Other (specify) _____		
Type of Equipment at Point of Spill/Release: <u>Gathering Line</u>		
If "Other" selected above, specify or describe here:		
<div></div>		
Describe Incident & Root Cause (include specific equipment and point of failure)		
<div>Pin hole leak due to internal corrosion</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>Cut out a 400ft section of 10" pipe and replaced with 3" added a new ground bed for cathodic protection upgrade.</div>		
Volume of Soil Excavated (cubic yards): <u>175</u> <input checked="" type="checkbox"/>		
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment		
<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): <u>0</u>		
Volume of Impacted Surface Water Removed (bbls): <u>0</u>		

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:

Impacted soil was moved to location and placed on pit liner. More material will be excavated from West/ NW walls and floor. material will be turned for a period of time for evaporation and retested.

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

Signed: _____ Print Name: Don Wilbourn
Title: Construction Foreman Date: 04/22/2020 Email: dwilbourn@bry.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402377960	ANALYTICAL RESULTS
402377988	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)