



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		
<b>FLUIDS</b>	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet): <u>40</u>	Width of Impact (feet): <u>15</u>	
		Depth of Impact (feet BGS): <u>8</u>	Depth of Impact (inches BGS): <u>96</u>	
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) <u>60</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>          </u> None <input checked="" type="checkbox"/>	Surface Water <u>          </u>	None <input checked="" type="checkbox"/>
		Wetlands <u>          </u> None <input checked="" type="checkbox"/>	Springs <u>          </u>	None <input checked="" type="checkbox"/>
		Livestock <u>          </u> None <input checked="" type="checkbox"/>	Occupied Building <u>          </u>	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:				

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>04/22/2020</u>
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 style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Describe Incident & Root Cause (include specific equipment and point of failure) <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Pin hole leak due to internal corrosion</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div style="border: 1px solid black; padding: 5px; min-height: 40px;">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> <span style="float: right;"><input checked="" type="checkbox"/></span>	
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**

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

Total: 0 comment(s)