

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:

402384193

Date Received:

10/08/2020

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>	Zip: <u>90339</u>
Contact Person: <u>Don Wilbourn</u>		Mobile: <u>()</u>
		Email: <u>dwilbourn@bry.com</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

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: 15535

OPERATOR COMMENTS:

Berry is requesting to close out this spill and release report as work is proceeding forward under a Form 27.

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

Signed: _____ Print Name: Jon Armstrong

Title: EH&S Rep, Sr. Date: 10/08/2020 Email: jarmstrong@bry.com

COA Type Description

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Attachment Check List

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)