

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402533769

Date Received:

11/16/2020

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

463807

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>BP AMERICA PRODUCTION COMPANY</u>	Operator No: <u>10000</u>	Phone Numbers
Address: <u>1199 MAIN AVENUE SUITE 101</u>		Phone: <u>(505) 330-9179</u>
City: <u>DURANGO</u>	State: <u>CO</u>	Mobile: <u>(505) 330-9179</u>
Zip: <u>81301</u>		Email: <u>steven.moskal@bpx.com</u>
Contact Person: <u>Steve Moskal</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401996143

Initial Report Date: 04/04/2019 Date of Discovery: 04/02/2019 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 21 TWP 34N RNG 8W MERIDIAN MLatitude: 37.180022 Longitude: -107.718437Municipality (if within municipal boundaries): No County: LA PLATA

Reference Location:

Facility Type: PRODUCED WATER
TRANSFER SYSTEM☐ Facility/Location ID No. _____Spill/Release Point Name: Leroy McCaw B☐ 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): 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): 0Specify: Approximately 8.6 bbls of produced water from coal bed methane wells

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): WetlandWeather Condition: 52° F, cloudy, breezySurface 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):

Approximately 8.6 bbls of produced water released from a water gathering system. Isolation via closing valve. Hand dug berms constructed to prevent further off ROW flow. Approximately 4 bbls recovered via vac-truck.

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: _____

OPERATOR COMMENTS:

Closure already approved under Form 27 #402430645

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

Signed: _____ Print Name: Steve Moskal

Title: Enviro Coord. Date: 11/16/2020 Email: steven.moskal@bpx.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)