

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: _____ OGCC Operator No: _____	Phone Numbers No: _____ Fax: _____ E-Mail: _____
Address: _____	
City: _____ State: _____ Zip: _____	
Contact Person: _____	

DESCRIPTION OF SPILL OR RELEASE

Date of Incident: _____ Facility Name & No.: _____	County: _____
Type of Facility (well, tank battery, flow line, pit): _____	QtrQtr: _____ Section: _____
Well Name and Number: _____	Township: _____ Range: _____
API Number: _____	Meridian: _____

Specify volume spilled and recovered (in bbls) for the following materials:

Oil spilled: _____ Oil recov'd: _____ Water spilled: _____ Water recov'd: _____ Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No

Surface Water impacted? Yes No

Contained within berm? Yes No

Area and vertical extent of spill: _____x_____

Current land use: _____ Weather conditions: _____

Soil/geology description: _____

IF LESS THAN A MILE, report distance **IN FEET** to nearest.... Surface water: _____ wetlands: _____ buildings: _____

Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): _____ Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:

Further remediation activities proposed (attach separate sheet if needed):

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact	Phone	Response

Spill/Release Tracking No: _____

L34 WELL PAD – FORM 19 – NARRATIVE RESPONSE

Date of Incident – 04/03/2010

Detailed description of the spill/release incident:

A water hauler was pulling down the produced water level in a production tank in support of an oil sale. After loading his truck, he closed the frost free valve and transported the produced water to the designated offload location. He then returned to the L34 well pad to finish removing the produced water from the sales tank. When he arrived back on the location he found the secondary containment around the tank battery to be full of condensate.

The frost free valve had not been completely closed before the driver left the location, but due to the length of the manifold and transfer hose, the volume of liquid still being discharged was not apparent, and the driver did not wait to confirm the valve was closed. Approximately 20 BBL of condensate had discharged into the secondary containment by the time the driver returned to the location.

Describe immediate response (how stopped, contained and recovered):

The driver grabbed a large crescent wrench and used it to force the ball valve on the manifold closed.

Describe any emergency pits constructed:

No emergency pits were constructed.

How was the extent of contamination determined?:

The discharged volume was determined by checking equipment readings. The visual extent of the impact was determined by checking records on the total area in the secondary containment.

Further remediation activities proposed (attach separate sheet if needed):

All released condensate will be recovered using hand tools and vacuum trucks, and a hot oil treatment will be used within the containment to assure condensate removal is as complete as possible.

Describe measures taken to prevent problem from reoccurring:

The offload manifold will be redesigned, and an internal investigation to identify the root cause(s) of the incident will be conducted with appropriate Encana personnel and the contract water hauler.

Well Information for the L34 Well Pad

Data Provided by the Colorado Oil & Gas Conservation Commission

Well Number and Name	API Number	lat	long	utm_x	utm_y
34-11 (L34) MAGNALL	05-045-09159	39.482840	-107.659730	271247	4373737
34-5 (L34) MAGNALL	05-045-09153	39.482940	-107.659750	271246	4373749
34-6 (L34) MAGNALL	05-045-09154	39.482890	-107.659740	271246	4373743
34-5C(L34) SCHICKLING	05-045-13446	39.482980	-107.659640	271255	4373753
34-6C(L34) SCHICKLING	05-045-13445	39.482870	-107.659630	271256	4373741
34-12 (L34) MAGNALL	05-045-09156	39.482780	-107.659730	271247	4373731

