

FORM
19
Rev 6/99

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
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AUG 07 2010
OGCC
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: <u>Synergy Resources Corporation</u> OGCC Operator No: <u>10311</u>	Phone Numbers
Address: <u>20203 Hwy 60</u>	No: <u>970 737-1073</u>
City: <u>Platteville</u> State: <u>CO</u> Zip: <u>80651</u>	Fax: <u>970 737-1045</u>
Contact Person: <u>Craig Rasmuson</u>	E-Mail: <u>craigrasmuson@comcast.net</u>

DESCRIPTION OF SPILL OR RELEASE

Date of Incident: <u>8-5-10</u> Facility Name & No.: <u>SRC State 33-16D</u>	County: <u>WELD</u>
Type of Facility (well, tank battery, flow line, pit): <u>Well Head</u>	QtrQtr: <u>SESW</u> Section: <u>16</u>
Well Name and Number: <u>SRC State 33-16D</u>	Township: <u>4N</u> Range: <u>67W</u>
API Number: <u>05-123-30743</u>	Meridian: <u>6th</u>
Specify volume spilled and recovered (in bbls) for the following materials:	
Oil spilled: <u>3-4 bbls</u> Oil recov'd: <u>3-4 bbls</u> Water spilled: <u>10 bbls</u> Water recov'd: <u>5 bbls</u> Other spilled: <u>n/a</u> Other recov'd: <u>n/a</u>	
Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Area and vertical extent of spill: <u>50'</u> x <u>50'</u>
Current land use: <u>Dry Land Wheat Stubble</u>	Weather conditions: <u>85 degrees, light breeze from NW-SE</u>
Soil/geology description: <u>Farm- dry land wheat</u>	
IF LESS THAN A MILE, report distance IN FEET to nearest.... Surface water: <u>2891'</u> wetlands: <u>1 mile +</u> buildings: <u>1245'</u>	
Livestock: <u>1 mile +</u> water wells: <u>3911'</u> Depth to shallowest ground water: <u>22'</u>	
Cause of spill (e.g., equipment failure, human error, etc.): <u>Contractor Error</u>	Detailed description of the spill/release incident:
A Bulldozer Operator hit and broke clean off the frac valve and well-head of the recently completed well while reclaiming the location. The well had 4200+ bbls of frac water that had not been flowed back. H2O and some Oil Condensate dispersed into the air under high pressure- The majority of the lost product disipated in the air.	

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):
The break was clean at the well head and we had threads to work with, so we screwed on a valve and closed the well- Superior Well Service then set a cast iron bridge plug to shut well in while we fixed the surface by welding a ball nipple and new well head onto the damaged well.

Describe any emergency pits constructed:
small earthen berm was dozed and shoveled to the NE of the location so any H2O and condensate was kept and then retrieved at the well head.

How was the extent of contamination determined:
Visual around the well-head

Further remediation activities proposed (attach separate sheet if needed):
Land farm the contaminated soil, most has dicipated with the hot weather. Haul off and dispose of if needed.

Describe measures taken to prevent problem from reoccurring:
Education of Contract operators. Advise to be more careful and know the surroundings at all times.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Phone	Response
8-5-10	Johnstown Fire Protection	Ian Zahn	970-587-4477	Was called on scene as precaution while we shut well in

Spill/Release Tracking No: _____