

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).

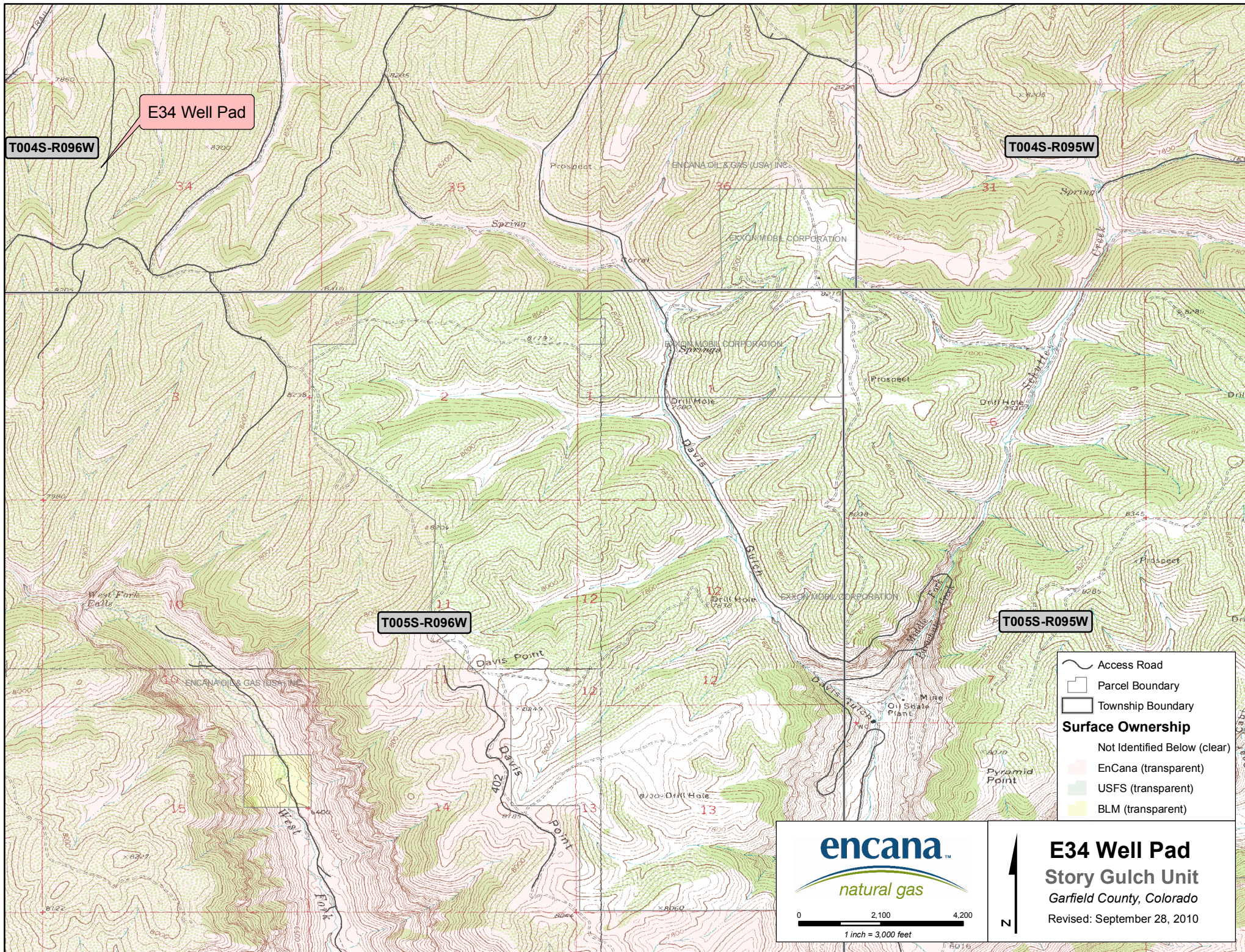
Date	Agency	Contact	Phone	Response

Spill/Release Tracking No: _____

Well Information for the E34 Well Pad

Data Provided by the Colorado Oil & Gas Conservation Commission

Well Number and Name	API Number	lat	long	utm_x	utm_y
CP08B-33 E34 49 DWU	05-045-15092	39.660225	-108.160558	228858	4394822
CP02D-33 E34 49 DWU	05-045-15095	39.660253	-108.160550	228858	4394825
CP01B-33 E34 49 DWU	05-045-15094	39.660280	-108.160547	228859	4394828
CP07D-33 E34 49 DWU	05-045-15093	39.660197	-108.160561	228857	4394819



E34 Well Pad

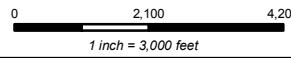
T004S-R096W

T004S-R095W

T005S-R096W

T005S-R095W

- Access Road
- Parcel Boundary
- Township Boundary
- Surface Ownership**
 - Not Identified Below (clear)
 - EnCana (transparent)
 - USFS (transparent)
 - BLM (transparent)



E34 Well Pad
Story Gulch Unit
 Garfield County, Colorado
 Revised: September 28, 2010