

State of Colorado  
**Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

received 08/28/2013  
Spill 200387248

**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.

Spill report taken by:

FACILITY ID:

**OPERATOR INFORMATION**

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

**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: _____		
<b>IF LESS THAN A MILE</b> , report distance <b>IN FEET</b> 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: **200387248**