

Southern Ute Environmental Programs Division Spill / Release Report

Report Date: <u>4-9-14</u> Time: <u>06:15</u> (military time)				
Spill Date: <u>4-8-14</u> Spill Time: <u>12:00</u> (military time)				
Company Name: <u>Red Willow</u>	Phone Number: <u>970-563-5288</u>			
Reported By: <u>Kate Wohlust</u>	Title: <u>Environmental Planner</u>			
Facility Name: <u>Cox Canyon #1B Fc</u>				
Location: 1/4 <u>SNNW</u> Section: <u>21</u> Township: <u>33</u> Range: <u>10</u> Spill Reports Must be Accompanied by a Site Map (GIS)				
Type of Spill (Circle One): Produced Water, Oil, Gas, <u>(Other) antifreeze + water</u>				
Estimate spilled: <u>1.25</u> barrels Estimate recovered: <u>0</u> Hazardous: Y / N				
Is the Spill Contained: Y / <u>(N)</u> If No, is it within the property "footprint": <u>(Y)</u> / N Wind Speed _____				
Extent of spill (area) <u>6'x5'x.5' ft³</u> Surrounding Land Use _____ Wind Direction _____				
Ground Water impacted: Y / <u>N</u> Surface Water impacted: Y / <u>N</u> Soil Type: <u>gravel</u> Slope %: _____				
IF LESS THAN A MILE, report distances IN FEET to the nearest...				
Surface water: _____ Wetlands: _____ Water wells: _____ Dry arroyo: _____ Residence: _____				
Cause Of Spill: <u>corrosion around the fitting on separator caused small leak</u>				
Describe Immediate Response/Clean up Efforts: <u>Crew will remove dirt</u>				
Tribal Actions & Notes: <u>Fee surface</u>				
(continued on back if necessary)				
Does this facility require an SPCC plan: Yes / <u>(No)</u> If yes, is there one in place: Yes / No				
Is there a remediation plan in place for clean up: Yes / <u>(No)</u>				
Follow-up Report Being Sent: Yes / No Due By the Following Date: _____, 20____				
Closure Report Being Sent: Yes / No Due By the Following Date: _____, 20____				
OTHER NOTIFICATIONS				
Date	Agency	Contact Person	Type of notification	Comments:
<u>4-9-14</u>	<u>SWIT + BLM</u>	<u>spill @ EPD</u>	<u>(Written)</u> Verbal / Both	
<u>4-9-14</u>	<u>COGCC</u>	<u>Jim Hughes</u>	<u>(Written)</u> Verbal / Both	<u>As courtesy</u>
			Written / Verbal / Both	
			Written / Verbal / Both	
For EPD Office Use Only:				
Report Completed By: _____			Title: _____	
Cc: EPD Division Head	EC	WQP	AQP	GAP----->Entered & filed on: ____ / ____ / ____

Updated: May 10, 2010