

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

400632626

Date Received:

06/25/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

437735

SPILL/RELEASE REPORT (INITIAL)

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>SOUTHWESTERN ENERGY PRODUCTION COMPANY</u>	Operator No: <u>10396</u>	Phone Numbers
Address: <u>2350 N SAM HOUSTON PKWY EAST #125</u>		Phone: <u>(281) 618-7439</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77032</u>
Contact Person: <u>Cheryl Rowell</u>		Mobile: <u>(713) 542-0648</u>
		Email: <u>cheryl_rowell@swn.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400632626

Initial Report Date: 06/25/2014 Date of Discovery: 06/24/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 30 TWP 3S RNG 61W MERIDIAN 6

Latitude: 39.761280 Longitude: -104.255090

Municipality (if within municipal boundaries): _____ County: ADAMS

Reference Location:

Facility Type: WELL Facility/Location ID No _____

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-001-09804

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): >=5 and <100

Specify: Diesel mud

Land Use:

Current Land Use: CROP LAND Other(Specify): wheat field

Weather Condition: clear, north wind 5 mph

Surface Owner: FEE Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State Residence/Occupied Structure Livestock Public Byway Surface Water Supply Area

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

At approximately 12 noon CST, Patterson 180 spilled 5-6 bbls OBM (first estimate checking volumes) as a result of a failure in the rig's Kelly hose. This is a high pressure synthetic rubber hose that connects the rig mud pumps with the drill string. Some drilling fluid was sprayed off location in the adjacent wheat field. The pump was immediately shut off and hose replaced. Landowner, county and state have been notified.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/24/2014	COGCC	Bob Chesson	303-894-2100	(Left 2 messages on voice mail. Sent e-mail notification @ 1:44 pm CST. No response.)
6/24/2014	Adams County Environmental	Craig Tessmer	720-523-6841	Will notify additional parties by e-mail
6/24/2014	Adams County Transportation	Gordon Stevens	720-523-6965	Confirm well and location. Will call visit location 6/25/14 and call back if any further information is required.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Cheryl Rowell
Title: Sr. Staff Reg. Analyst Date: 06/25/2014 Email: cheryl_rowell@swm.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400632626	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)