

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:

400642326

Date Received:

07/10/2014

Spill report taken by:

Spill/Release Point ID:

### SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

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>ENCANA OIL &amp; GAS (USA) INC</u>     | Operator No: <u>100185</u> | <b>Phone Numbers</b>                 |
| Address: <u>370 17TH ST STE 1700</u>                        |                            | Phone: <u>(720) 402-9543</u>         |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u> |                            | Mobile: <u>(720) 402-954</u>         |
| Contact Person: <u>Tarah Garza</u>                          |                            | Email: <u>tarah.garza@encana.com</u> |

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400642326

Initial Report Date: 07/10/2014 Date of Discovery: 07/04/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 26 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.114900 Longitude: -104.746660

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### 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) 05-123-37760

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

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*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? No

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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Clear

Surface Owner: FEE Other(Specify): TBD

#### 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):

While flowing back, a gasket failure on iron connection on the inlet to the manifold created a release/spill. It was immediately closed in and recovered via vacuum truck.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| Date     | Agency/Party | Contact  | Phone        | Response |
|----------|--------------|----------|--------------|----------|
| 7/4/2014 | COGCC        | Canfield | 303-894-2100 | N/A      |
| 7/4/2014 | Land Owner   | N/A      | -            |          |

### REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure:  Corrective Actions Completed (documentation attached)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Tarah Garza

Title: Environmental Specialist Date: 07/10/2014 Email: tarah.garza@encana.com

### Attachment Check List

| Att Doc Num | Name            |
|-------------|-----------------|
| 400642337   | TOPOGRAPHIC MAP |

Total Attach: 1 Files

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)