

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:

400639576

Date Received:

07/11/2014

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	<b>Phone Numbers</b>
Address: <u>410 17TH STREET SUITE #1400</u>		Phone: <u>(720) 2256653</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Dodek</u>		Mobile: <u>(303) 4835486</u>
		Email: <u>bdodek@bonanzacrk.com</u>

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400639576

Initial Report Date: 07/03/2014 Date of Discovery: 07/02/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 36 TWP 6N RNG 62W MERIDIAN 6

Latitude: 40.436433 Longitude: -104.278752

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

#### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 420123  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05- -

#### 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? Yes

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

Estimated Oil Spill Volume(bbl): >=100 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): 0

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

#### Land Use:

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

Weather Condition: 75 degrees, partly cloudy

Surface Owner: STATE 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):

A drain valve on a production tank was left open, resulting in a 150bbl oil release into lined, steel, secondary containment. Crews have transferred the oil back to the production tank and removed the impacted gravel from the containment. The site is back in production.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/3/2014	Weld County	Roy Rudisil	-on file	Notified of release via email
7/3/2014	State Land Board	Steve Freese	-on file	Notified of release
7/3/2014	COGCC		-on file	Notified Via eForm

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/11/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	150	150	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? YES Was an Emergency Pit constructed? NO

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

**A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit**

Impacted Media (Check all that apply)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 0 Width of Impact (feet): 0

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The release occurred within lined, steel, secondary containment. All fluids were transferred back to the production tank and the impacted gravel ballast was removed and hauled to the CSI landfill in Bennett, Colorado.

Soil/Geology Description:

NA.

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	07/11/2014	
Cause of Spill (Check all that apply)			
<input checked="" type="checkbox"/>	Human Error	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/>	Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)			
Operator left a drain valve open.			
Describe measures taken to prevent the problem(s) from reoccurring:			
Gave operator training to conduct visual verification if valves onsite.			
Volume of Soil Excavated (cubic yards): 0			
Disposition of Excavated Soil (attach documentation)			
<input type="checkbox"/>	Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/>	Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): 0			
Volume of Impacted Surface Water Removed (bbls): 0			

## 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: Brian Dodek

Title: Environmental Specialist Date: 07/11/2014 Email: bdodek@bonanzacrk.com

## Attachment Check List

Att Doc Num	Name
400639612	SITE MAP

Total Attach: 1 Files

## General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)