

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:

400646732

Date Received:

07/18/2014

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

438146

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>BARRETT CORPORATION* BILL</u>	Operator No: <u>10071</u>	Phone Numbers Phone: <u>(970) 876-1959</u> Mobile: <u>(970) 744-8128</u> Email: <u>sgghan@billbarrettcorp.com</u>
Address: <u>1099 18TH ST STE 2300</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Scott Ghan</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400646732Initial Report Date: 07/18/2014 Date of Discovery: 07/17/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 23 TWP 6S RNG 92W MERIDIAN 6Latitude: 39.506541 Longitude: -107.640772Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335451☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05-045-

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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: partly cloudy 85Surface Owner: FEEOther(Specify): Circle B Land Company

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):

Remote telemetry monitoring indicated a pressure drop on one of the flowlines. All wells on the pad were immediately shut-in and excavation activities were initiated to expose the flowlines for visual inspection. A small hole was identified on the suspected flowline near the separator and is expected to be the cause of the pressure drop. As the assessment of the soils progressed, historical soil impacts were encountered in the dumpline trench at the separators. Excavation and assessment activities are ongoing to remediate the soil impacts and ensure integrity of all flowlines and dumplines associated with this location. All potentially impacted soil is being stockpiled in a lined secondary containment on location. BBC will continue to update the COGCC via supplemental reporting as the investigation continues and laboratory results become available.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/18/2014	Garfield County O&G Liason	Kirby Wynn	970-625-5905	

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

Signed: _____ Print Name: Jake Janicek
Title: Project Env Scientist Date: 07/18/2014 Email: jjanicek@ltenv.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400646732	FORM 19 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)