

**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:

400646822

Date Received:

07/18/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

437971

## SPILL/RELEASE REPORT (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) 225-6653</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(303) 483-5486</u>
Zip: <u>80202</u>		Email: <u>bdodek@bonanzacrk.com</u>
Contact Person: <u>Brian Dodek</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400639217

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 SWNE SEC 28 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.373052 Longitude: -104.437189Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331413☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05-123-

#### 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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: 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 separator dumbleline failed resulting in a release of oil, aproximatly 5 BBLs. The well was shut in, the liquids were removed by a vac truck and impacted soil is currently being excivated.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/2/2014	COGCC	Rick Allison	-On file	Notified via email
7/2/2014	CPW	Ryan Lane	-On file	Notified of release
7/3/2014	Weld County	Roy Rudisil	-On file	Notified via email
7/3/2014	State Land Board	Steve Freese	-On file	Notified of release

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 07/18/2014			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	7	5	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet): <u>109</u>	Width of Impact (feet): <u>48</u>	
		Depth of Impact (feet BGS): <u>6</u>	Depth of Impact (inches BGS): _____	
How was extent determined?				
Excavation, field screening and laboratory analysis.				
Soil/Geology Description:				
See previous submittal.				
Depth to Groundwater (feet BGS) <u>3</u>		Number Water Wells within 1/2 mile radius: <u>5</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>1570</u> None <input type="checkbox"/>	Surface Water <u>900</u> None <input type="checkbox"/>	
		Wetlands <u>900</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>3025</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				

Continuing with assessment and remediation activities.

## 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: 07/18/2014 Email: bdodek@bonanzacrk.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

400646822	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)