

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400648724

Date Received:

07/22/2014

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

438146

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400646732

Initial 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 6

Latitude: 39.506541 Longitude: -107.640772

Municipality (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- -

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

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

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: partly cloudy 85

Surface Owner: FEE Other(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

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/22/2014

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

specify: _____

Was spill/release completely contained within berms or secondary containment? NO 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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Excavation of impacted material was directed through field screening and confirmation soil sampling activities. Upon receipt of laboratory analytical results, it was determined that additional excavation and confirmation soil sampling will be required to fully define the extents of the release.

Soil/Geology Description:

Soils observed at the site consisted of angular gravel fill material at the surface to approximately 2 feet below ground surface where dense sandstone bedrock was encountered. Bedrock extends greater than six feet below grade. The COGCC GIS Online database describes the soil in the area as a Potts loam, 6 to 12 percent slopes.

Depth to Groundwater (feet BGS) 42 Number Water Wells within 1/2 mile radius: 16

If less than 1 mile, distance in feet to nearest

Water Well	<u>463</u>	None	<input type="checkbox"/>	Surface Water	<u>1328</u>	None	<input type="checkbox"/>
Wetlands	<u> </u>	None	<input checked="" type="checkbox"/>	Springs	<u> </u>	None	<input checked="" type="checkbox"/>
Livestock	<u> </u>	None	<input checked="" type="checkbox"/>	Occupied Building	<u>1095</u>	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

Excavation activities to determine the extent of the release are ongoing. When field screening and visual observations indicate sufficient removal of impacted material, confirmation soil samples will be collected and submitted for laboratory analysis. The total volume of excavated material will be reported when excavated activities are complete. A Remediation Workplan (Form 27) will be submitted to the COGCC describing the excavation plan.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/22/2014

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

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.

Describe measures taken to prevent the problem(s) from reoccurring:

Excavation and assessment activities are ongoing to remediate the soil impacts and ensure integrity of all flowlines and dumplines associated with this location. All lines will be replaced and additional measures are being considered to protect the subsurface lines at this location.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 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: Jake Janicek

Title: Project Env. Scientist Date: 07/22/2014 Email: jjanicek@ltenv.com

Attachment Check List

Att Doc Num	Name
400649128	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)