

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

400719289

Date Received:

10/29/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

439495

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9272</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 381-2019</u>
Zip: <u>80203</u>		Email: <u>troy.swain@pdce.com</u>
Contact Person: <u>Troy Swain</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400719289

Initial Report Date: 10/29/2014 Date of Discovery: 10/27/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 24 TWP 6N RNG 65W MERIDIAN 6Latitude: 40.468682 Longitude: -104.606833Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-14085

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): UnknownEstimated 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: CROP LAND

Other(Specify): _____

Weather Condition: Clear Windy 50FSurface Owner: FEE

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):

On October 27, 2014, a historic release was discovered during routine pressure testing of the Miller GJ 33-24 well flowline (API # 05-123-14085). The well/flowline was shut in and excavation activities commenced below the separator. Groundwater was later encountered at approximately 11 feet below ground surface. Excavation continued and soils were field screened and sampled to determine and confirm the extent of the spill. Excavated soils will be screened, profiled, and disposed of at a permitted landfill. Groundwater will be evacuated and disposed of at a permitted water disposal facility. Groundwater will then be sampled and submitted for laboratory analysis to evaluate any impact. A summary of the excavation activities and groundwater/soil sampling results will be provided in a Supplemental Form 19 to this report.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/28/2014	COGCC	Rick Allison	970-461-2970	Call and e-mail on 10/28/2014. File eForm 19 as follow-up top Initial Notification.
10/28/2014	Weld OEM	Roy Rudisill	-	E-mail on 10/28/2014. No response.
10/28/2014	Property Owner	David Cogburn	-	Phone message and e-mail on 10/28/2014 by PDC Land.

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

Signed: _____ Print Name: Troy Swain
Title: EHS Professional-Env. Date: 10/29/2014 Email: troy.swain@pdce.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400719289	FORM 19 SUBMITTED
400719300	OTHER
400719302	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)