

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:

400751596

Date Received:

12/13/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

440445

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# 400751596

Initial Report Date: 12/12/2014 Date of Discovery: 12/11/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 12 TWP 6N RNG 65W MERIDIAN 6Latitude: 40.504925 Longitude: -104.609378Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL ☒ Facility/Location ID No 322935☐ 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? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated 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: Clear 46 deg FSurface 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 Thursday 12/11/2014 PDC Energy discovered a historical spill while repairing the water drain line from production tank to water vault. Impacted soils were excavated and groundwater was encountered in the excavation at 6.5 feet below ground surface. Excavation began on 12/11/2014 continued on 12/12/2014 and a total of 246 cubic yards of soil have been removed from location. Soil sampling was conducted on Thursday afternoon and Friday during excavation. A figure of the sample locations is attached. Groundwater will be evacuated and sampled and the extent of the spill evaluated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/12/2014	COGCC	John Axelson	-	Inquiry about property owner notification, which was in process and provided in a later e-mail to COGCC.
12/12/2014	Weld OEM		-	Left voice mail and sent e-mail.
12/12/2014	Propert Owner		-	COntacted via PDC Land Dept. No specific concerns.

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: 12/13/2014 Email: troy.swain@pdce.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400751596	FORM 19 SUBMITTED
400751620	TOPOGRAPHIC MAP
400751621	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)