

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400774594

Date Received:

01/19/2015

Spill report taken by:

Spill/Release Point ID:

## 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: SYNERGY RESOURCES CORPORATION	Operator No: 10311	<b>Phone Numbers</b>
Address: 20203 HIGHWAY 60		Phone: ( )
City: PLATTEVILLE	State: CO	Mobile: (970) -230-0435
Zip: 80651		Email: dpennington42@yahoo.com
Contact Person: David Pennington		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400751725

Initial Report Date: 12/15/2014 Date of Discovery: 12/14/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 32 TWP 4N RNG 68W MERIDIAN 6

Latitude: 40.273090 Longitude: -105.030700

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-123-33738

#### Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

*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): >=1 and <5

Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 3 bbls of oil and 1 1/2 bbls of h2o

#### Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: light snow

Surface 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):

Seperation equipment malfunctioned and over flowed a fiberglass water pit. The entire spill was inside of the tank containment. All fluids were removed with a vac truck and all contaminated dirt is being removed currently. All contaminated soil will be hauled to waste management. manifests will be submitted upon completion of clean up and soil tests will be done by a third party and submitted to the cogcc.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/15/2014	cogcc		-	waiting for intial response

### CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/19/2015		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
dump stuck open on water dump and over flowed fiberglass ground pit				
Describe measures taken to prevent the problem(s) from reoccurring:				
cleaned level controler arms and adjusted dumps on separator				
Volume of Soil Excavated (cubic yards):		88		
Disposition of Excavated Soil (attach documentation)		<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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: David Pennington

Title: Production/EHS Foreman Date: 01/19/2015 Email: dpennington42@yahoo.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400774604	SITE MAP
400774609	ANALYTICAL RESULTS
400774611	DISPOSAL MANIFEST
400774612	DISPOSAL MANIFEST
400774619	DISPOSAL MANIFEST
400774628	DISPOSAL MANIFEST
400774634	DISPOSAL MANIFEST
400774640	DISPOSAL MANIFEST
400774645	DISPOSAL MANIFEST
400774652	DISPOSAL MANIFEST
400774728	SITE MAP
400774729	ANALYTICAL RESULTS

Total Attach: 12 Files

**General Comments**

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

Total: 0 comment(s)