

**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:

400731832

Date Received:

11/14/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

438658

## 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>ENCANA OIL &amp; GAS (USA) INC</u>	Operator No: <u>100185</u>	<b>Phone Numbers</b>
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(303) 774-3980</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-5632</u>
Contact Person: <u>Blake Ford</u>		Mobile: <u>(970) 379-9558</u>
		Email: <u>david.ford@encana.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400666816

Initial Report Date: 08/18/2014      Date of Discovery: 08/17/2014      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 4 TWP 3N RNG 68W MERIDIAN 6Latitude: 40.261820 Longitude: -105.006770Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 426234☐ 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? 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? Yes

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): >=100Estimated 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: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Cloudy, low 90sSurface 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 August 17th, at approximately 3:30 PM, the lease operator at Encana's Peppler Farms NWNE Battery was draining water off the bottom of the tanks into the water pits but forgot to close the valves before he left. While he was at the next site the automated emergency shutdown (ESD) alerted him of the issue. He rushed back to the site, but not before the water pits had overflowed into the lined secondary containment. He immediately shut in the wells, called a vacuum truck, and alerted on-call.

List Agencies and Other Parties Notified:

### 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: 8803

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

Signed: \_\_\_\_\_ Print Name: Blake Ford

Title: Environmental Specialist Date: 11/14/2014 Email: david.ford@encana.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400731832	FORM 19 SUBMITTED
400731837	OTHER

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

#Error		
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Total: 0 comment(s)