

**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:

400786068

Date Received:

02/04/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

440772

## 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>AUGUSTUS ENERGY RESOURCES LLC</u>	Operator No: <u>10489</u>	<b>Phone Numbers</b>
Address: <u>36695 HWY 385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u>	State: <u>CO</u>	Zip: <u>80758</u>
Contact Person: <u>Loni Davis</u>		Mobile: <u>( )</u>
		Email: <u>ldavis@augustusenergy.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400786068

Initial Report Date: 02/04/2015      Date of Discovery: 02/03/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 3 TWP 1S RNG 45W MERIDIAN 6Latitude: 39.991201 Longitude: -102.407003Municipality (if within municipal boundaries): \_\_\_\_\_ County: YUMA

#### 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- -

#### **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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated 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: Warm & WindySurface 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):

the Poly pipe fuse broke, valves were shut to isolate the water, no surface water to recover, poly fuse was repaired. Size of area was approx 5' x 5'. Soil samples have been taken and will be submitted on a supplemental form 19 when received. As soon as analyses are received they will be reviewed and treated per the lab recommendations. The location will be strawed to help hold the moisture.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/3/2015	COGCC	Rob Young	-	Via e-mail - no response
2/3/2015	Yuma County	Kara Hoover	-	Via e-mail - no response
2/3/2015	Landowner	Wes & Pam Kiser	970-332-4255	Left Detailed message-no response

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

Signed: \_\_\_\_\_ Print Name: Loni Davis  
Title: Oper Acctg & Reg Spec Date: 02/04/2015 Email: ldavis@augustusenergy.com

**COA Type**

**Description**

	Provide location photographs of the spill area to facilitate comparison with future site reclamation photographs. Photographs can be provided on a supplemental eForm 19 along with the soil sample results (summary table compared with Table 910-1 and laboratory report).
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**Attachment Check List**

**Att Doc Num**

**Name**

400786068	FORM 19 SUBMITTED
400786119	SITE MAP
400786120	SITE MAP

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	Changed Facility Type to "flowline", no existing facility or location ID.	2/4/2015 11:33:05 AM
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Total: 1 comment(s)