

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400795993

Date Received:

02/20/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

440856

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(303) 860-5800</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Brandon Bruns</u>		Mobile: <u>()</u>
		Email: <u>brandon.bruns@pdce.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400791362

Initial Report Date: 02/12/2015 Date of Discovery: 02/11/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 24 TWP 5N RNG 65W MERIDIAN 6Latitude: 40.378526 Longitude: -104.604995Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 322874☐ 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated 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: sunny, 60 degreesSurface 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):

While completing construction activities at the Maxey 2, 33, 43, 44-24, 24D facility, historical impacts were encountered in the area of a flowline. Based on field interpretations, it appears that groundwater impacts are present. Confirmation soil and groundwater samples will be collected.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/12/2015	Landowner		-	PDC land department left a voice message for the landowner
2/12/2015	Weld County	Roy Rudisill	-	email notification

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/20/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 15		Width of Impact (feet): 10	
Depth of Impact (feet BGS): 7		Depth of Impact (inches BGS): _____	
How was extent determined?			
<p>On February 11, 2015, historic impacts were discovered below the flowline at the Maxey 2, 33, 43, 44-24, 24D production facility. Approximately 20 cubic yards of impacted material were removed and transported to the Waste Management Facility in Ault, Colorado for disposal under PDC waste manifests. Soil was field screened for volatile organic compound (VOC) concentrations using a photoionization detector (PID). Four soil samples (SS01 - SS04) were collected from the sidewalls of the excavation area at approximately 5 feet below ground surface (bgs). Soil samples were submitted to Summit Scientific Laboratories in Denver, Colorado for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX), naphthalene, and total petroleum hydrocarbons (TPH) – gasoline range organics (GRO) by USEPA Method 8260B. Samples were also submitted for analysis of TPH – diesel range organics (DRO) by USEPA Method 8015. Analytical results indicated benzene and TPH concentrations were in exceedance of COGCC Table 910-1 standards in the soil sample (SS01) collected from the east sidewall of the excavation area. Consequently, a soil sample (LD-SS01) was collected from the embankment of the adjacent Latham Ditch to confirm hydrocarbon impacts did not extend further than the immediate excavation extent. Analytical results indicated constituent concentrations were below regulatory standards. Groundwater was encountered in the excavation area at approximately 7 feet bgs. A groundwater sample (S-GW01) was collected and submitted for laboratory analysis of BTEX. Analytical results indicated benzene and total xylenes concentrations were in exceedance of COGCC Table 910-1. Soil analytical results are summarized in Table 1 and groundwater analytical results are summarized in Table 2. The excavation extent and sample locations are illustrated on Figure 2. A subsequent Form 27 outlining a remedial approach to address remaining hydrocarbon impacts in soil and groundwater will be submitted.</p>			
Soil/Geology Description:			
Nunn clay loam, 0 to 1 percent slopes			

Number Water Wells within 1/2 mile radius: 25

If less than 1 mile, distance in feet to nearest

Water Well	1125	None	<input type="checkbox"/>
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Surface Water	15	None	
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Wetlands ☐ None ☒None ☒

Livestock	875	None	
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Occupied Building 965 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/20/2015

Cause of Spill (Check all that apply) ☐ Human Error ☐ Equipment Failure ☒ Historical-Unknown

☐ Other (specify)

Describe Incident & Root Cause (include specific equipment and point of failure)

Historic impacts were discovered during construction activities.

Describe measures taken to prevent the problem(s) from reoccurring:

The flow line was replaced and will be routinely pressure tested.

Volume of Soil Excavated (cubic yards): 20

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 5

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: Brandon Bruns

Title: EHS Supervisor Date: 02/20/2015 Email: brandon.bruns@pdce.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400795993	FORM 19 SUBMITTED
400796062	TOPOGRAPHIC MAP
400796063	SITE MAP
400796064	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)