

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:

400812520

Date Received:

03/20/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441100

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>BONANZA CREEK ENERGY OPERATING COMPANY LLC</u>	Operator No: <u>8960</u>	Phone Numbers Phone: <u>(720) 225-6653</u> Mobile: <u>()</u> Email: <u>bdodek@bonanzacrk.com</u>
Address: <u>410 17TH STREET SUITE #1400</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Brian Dodek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400808558

Initial Report Date: 03/12/2015 Date of Discovery: 03/12/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 2 TWP 9N RNG 79W MERIDIAN 6

Latitude: 40.781138 Longitude: -106.240976

Municipality (if within municipal boundaries): _____ County: JACKSON

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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 31 degrees, mostly cloudy

Surface Owner: FEDERAL 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 conducting routine inspections, a release was observed along a flowline right of way. Approximately 7.4 bbl of oil and produced water were discharged to the ground surface. The well was shut-in immediately to stop the release. Incident response personnel were contacted to cleanup the discharged oil/water. The ground was frozen and the fluid was pooled on the ground surface. Following removal of the fluid, environmental personnel will collect soil samples from the area to ensure the remaining soil is compliant with COGCC Table 910-1 standards.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/13/2015	COGCC	Kris Neidel	-on file	eForm 19 submittal
3/12/2015	Jackson County	Kent Crowder	-on file	notified of release
3/13/2015	BLM		-on file	submit sundry via WIS system

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/20/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>7</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 200 Width of Impact (feet): 10

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The extent of impact was determined through visual delineation. The ground was snow covered and frozen so infiltration of the oil was very minimal.

Soil/Geology Description:

Bosler Sandy Loam. Conditions at the time of release consisted of frozen soil with snow cover.

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	<u>1980</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1530</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

BCEOC personnel are removing contaminated soil from the release area. The flowline has been repaired and is back in service. Once the remediation is complete environmental personnel will collect soil samples from the release area to confirm the soil is compliant with COGCC Table 910-1 standards.

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: Brian Dodek

Title: Sr. Env. Specialist Date: 03/20/2015 Email: bdodek@bonanzacrk.com

COA Type

Description

	Operator should submit a detail aerial/map indicating flowpath. Please submit prior to requesting closure of spill.
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Attachment Check List

Att Doc Num

Name

400812520	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)