

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:

400821408

Date Received:

04/08/2015

Spill report taken by:

Spill/Release Point ID:

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: WESTERN OPERATING COMPANY | Operator No: 95620 | Phone Numbers |
| Address: 518 17TH ST STE 200 | | Phone: (303) 8932438 |
| City: DENVER | State: CO | Zip: 80202 |
| Contact Person: Steve James | | Mobile: () |
| | | Email: steve@westernoperating.com |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400821408

Initial Report Date: 04/07/2015 Date of Discovery: 04/07/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 35 TWP 9N RNG 54W MERIDIAN 6

Latitude: 40.711552 Longitude: -103.383848

Municipality (if within municipal boundaries): County: LOGAN

Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 150330
☐ 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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: APPROX. 600BBL OF PRODUCED WATER

Land Use:

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

Weather Condition: DRY, SUNNY, 70 DEG.

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):

4/7/15 WELL WIRELESS SHUTDOWN FOR HIGH PRESSURE FAILED. PRODUCED WATER WASHED OUT SOUTHEASTERN EARTHEN BERM AND FLOWED SSE TOWARD PW PIT AND SKIM TANK. WELL WAS MANUALLY SHUT IN TO STOP DISCHARGE. SURROUNDING LAND VERY FLAT; RUNOFF STOPPED NEAR SKIM TANK/PW PIT. KYM SCHURE, ROB YOUNG, JOHN AXELSON, AND MATT LEPORE WERE NOTIFIED OF THE RELEASE. CREW WILL BE ONSITE ON 4/8/15 TO SCRAPE UP AND DISPOSE OF ANY OILY SOIL. SURFACE SAMPLES OF RELEASE AREA WILL BE COLLECTED TO VERIFY COMPLIANCE WITH TABLE 910 VALUES. RELEASE WAS APPROXIMATELY 200 FT LONG BY 75 FT WIDE.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------------------------|
| 4/7/2015 | COGCC | KYM SCHURE | 970-5222534 | RECEIVED |
| 4/8/2015 | COGCC | MATT LEPORE | 303-8942100 | RECEIVED BY J.AXELSON AND R.YOUNG |
| 4/8/2015 | LAND OWNER | MARK WALTERS | - | CONTACTED BY STEVE JAMES |

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

Signed: _____ Print Name: ERIC LANG

Title: PROJECT GEOLOGIST Date: 04/08/2015 Email: ELANG@LTENV.COM

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|-------------------|
| 400822026 | AERIAL PHOTOGRAPH |
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)