

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400839599

Date Received:

05/15/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

441823

SPILL/RELEASE REPORT (INITIAL /w 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>PICEANCE ENERGY LLC</u>	Operator No: <u>10433</u>	Phone Numbers
Address: <u>1512 LARIMER STREET #1000</u>		Phone: <u>(970) 812-5310</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Wayne Bankert</u>		Email: <u>wbankert@laramie-energy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400839599

Initial Report Date: 05/14/2015 Date of Discovery: 05/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 24 TWP 9S RNG 95W MERIDIAN 6

Latitude: 39.259390 Longitude: -107.935669

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 419498
 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): 0 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. 180 bbls produced water released, 130 bbls were recovered

Land Use:

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

Weather Condition: Partly cloudy, low 60's.

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):

A Piceance Energy employee observed water on the Hawxhurst 24-09 pad next to the separator at approximately 7:00 am on May 13, 2015. Piceance Energy immediately shut down the 24-09, 24-10B and 24-15A wells and began to excavate the soil around the dumphline. A 2" hole was found on the dumphline next to the separator and was repaired. The leak likely began around 5:00 pm on May 12th and approx. 180 bbls spilled onto the well pad surface. All of the water spilled was contained on the pad. A vacuum truck was used and 130 bbls of water were recovered. A PID was used to determine the vertical extent and impacted soil was excavated around the dump line. Approximately 5 cubic yards of soil were excavated and placed on the pad. A composite sample from the excavated sample was collected for Table 910 analysis and screened with PetroFlag. The PetroFlag result was 43 ppm. Confirmation samples of the excavated soil will be completed pending lab analysis.

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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Stuart Hall

Title: Office Leader Date: 05/15/2015 Email: shall@olssonassociates.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

400839599	FORM 19 SUBMITTED
400840296	TOPOGRAPHIC MAP
400840298	AERIAL PHOTOGRAPH

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)