

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:

400839015

Date Received:

05/14/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

440715

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>URSA OPERATING COMPANY LLC</u> | Operator No: <u>10447</u> | Phone Numbers |
| Address: <u>602 SAWYER STREET #710</u> | | Phone: <u>(970) 6259922</u> |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Mobile: <u>(970) 4563335</u> |
| Zip: <u>77007</u> | | Email: <u>dknudson@ursaresources.com</u> |
| Contact Person: <u>Dwayne Knudson</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400779577

Initial Report Date: 01/24/2015 Date of Discovery: 01/23/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 13 TWP 6S RNG 92W MERIDIAN 6Latitude: 39.531054 Longitude: -107.608143Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 416722☐ 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? No

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): 0Specify: 40 bbls

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Overcast, cold, snow & ice presentSurface 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 hole developed on the bottom of a frac tank during flowback operations and allowed liquids to be released within secondary containment on location. A quarter size hole present on the bottom of the tank from what appears to be from corrosion was the cause of the release. The release was discovered when crews noticed liquids present around the front and rear berms of the secondary containment. After the liquids were identified, operations were stopped and hydro vac trucks were dispatched to remove all free liquids within the containment, as well as the remaining liquids within the tank. All free standing liquids were removed from within the secondary containment. The underlying soils will be evaluated for impacts and possible remediation once operations are completed and the tanks are removed. The tank with the hole was removed from service and will either be replaced or repaired.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|------------------|--------------|--------------|--------------------------------|
| 1/23/2015 | Landowner | | - | Withheld to protect identity |
| 1/24/2015 | LEPC | Kirby Wynn | 970-250-2200 | Non-emergency e-mail submitted |
| 1/24/2015 | Local Fire Chief | Chad Harris | 970-624-1243 | Non-emergency e-mail submitted |
| 1/24/2015 | COGCC | Carlos Lujan | 970-625-2497 | Voice mail and e-mail |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|---------------------------------|--|--------------------------|
| #1 | Supplemental Report Date: _____ | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | _____ | _____ | <input type="checkbox"/> |
| CONDENSATE | _____ | _____ | <input type="checkbox"/> |
| PRODUCED WATER | _____ | _____ | <input type="checkbox"/> |
| DRILLING FLUID | _____ | _____ | <input type="checkbox"/> |
| FLOW BACK FLUID | _____ | _____ | <input type="checkbox"/> |
| OTHER E&P WASTE | _____ | _____ | <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 type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature | | | |
| Surface Area Impacted: Length of Impact (feet): _____ | | Width of Impact (feet): _____ | |
| Depth of Impact (feet BGS): _____ | | Depth of Impact (inches BGS): _____ | |
| How was extent determined? | | | |
| <div></div> | | | |
| Soil/Geology Description: | | | |
| <div></div> | | | |
| Depth to Groundwater (feet BGS) _____ | | Number Water Wells within 1/2 mile radius: _____ | |
| If less than 1 mile, distance in feet to nearest | Water Well _____ | None <input type="checkbox"/> | Surface Water _____ |
| | Wetlands _____ | None <input type="checkbox"/> | Springs _____ |
| | Livestock _____ | None <input type="checkbox"/> | Occupied Building _____ |
| Additional Spill Details Not Provided Above: | | | |

CORRECTIVE ACTIONS

| | | | | |
|---|---------------------------|---|---|---|
| #1 | Supplemental Report Date: | 05/13/2015 | | |
| Cause of Spill (Check all that apply) | | <input type="checkbox"/> Human Error | <input checked="" type="checkbox"/> Equipment Failure | <input type="checkbox"/> Historical-Unknown |
| | | <input type="checkbox"/> Other (specify) _____ | | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | | | | |
| <div>A small 2 inch hole developed due to corrosion on the bottom of a frac tank used during completions activities. Vac trucks were used to remove the free standing liquids. Once equipment was moved off site, the soils under the tank were sampled for COGCC Table 910-1. Confirmation data indicates that the soils present where the release occurred satisfy COGCC Table 910-1 thresholds, which the exception of sodium absorption ratio (SAR). The area where the SAR exceedances are present will be amended and capped with native soils during the interim reclaim scheduled for May 2015.</div> | | | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | | | |
| <div>More frequent routine inspections of tank bottom integrity</div> | | | | |
| Volume of Soil Excavated (cubic yards): | | 0 | | |
| Disposition of Excavated Soil (attach documentation) | | <input type="checkbox"/> Offsite Disposal | <input type="checkbox"/> Onsite Treatment | |
| | | <input checked="" type="checkbox"/> Other (specify) N/A | | |
| Volume of Impacted Ground Water Removed (bbls): | | 0 | | |
| 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: _____

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: Kris Rowe

Title: Env. Consultant Date: 05/14/2015 Email: krowe@hrlcomp.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 400839015 | FORM 19 SUBMITTED |
| 400839145 | ANALYTICAL RESULTS |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)