

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:

400847822

Date Received:

06/03/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441826

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>PROSPECT ENERGY LLC</u>	Operator No: <u>10312</u>	Phone Numbers
Address: <u>500 DALLAS STREET SUITE 1800</u>		Phone: <u>(307) 382-6738</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77002</u>
Contact Person: <u>Dene Martin</u>		Mobile: <u>(307) 389-8755</u>
		Email: <u>dmartin@memorialrd.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400841165

Initial Report Date: 05/18/2015 Date of Discovery: 05/16/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 30 TWP 8N RNG 68W MERIDIAN 6Latitude: 40.637190 Longitude: -105.053590Municipality (if within municipal boundaries): _____ County: LARIMER

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 333083☐ 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 <100Estimated 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: Cloudy, overcast, 50 degreesSurface Owner: FEEOther(Specify): Operator owns surface

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):

An oil stain was noted on the ground on 5/16/15. The stain was discovered during a routine daily inspection. The leak was determined to be from the 3 inch diameter production flow line, located near the oil production tanks of the Fort Collins tank battery. All wells connected to the flow line were shut in, stopping any active flow in the line. Line locations were made on 5/17/15, and excavation occurred on 5/18/15. Excavation exposed a leak in a 3 inch threaded pipe connection, caused by corrosion. A hydrovac truck evacuated liquids and slurry. 5 bbls was estimated to be spilled. Additional soil is planned to be removed. A section of the flowline will be replaced. The spill was approximately 992 feet from surface water, 302 feet from wetlands, 303 feet from the nearest occupied building, and 600 feet from the nearest water well (DNR plot of water well).

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/18/2015	City of Fort Collins	Dan Weinheimer	970-416-2253	Dan will notify City Council

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:

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

Signed: _____ Print Name: Mary Griggs

Title: Reg/Envir Contractor Date: 06/03/2015 Email: mary.griggs@memorialrd.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400847822	FORM 19 SUBMITTED
400847825	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)