

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:

400861231

Date Received:

06/30/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

440772

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>AUGUSTUS ENERGY RESOURCES LLC</u>	Operator No: <u>10489</u>	Phone Numbers
Address: <u>36695 HWY 385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>		Mobile: <u>()</u>
Contact Person: <u>Loni Davis</u>		Email: <u>ldavis@augustusenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400786068

Initial Report Date: 02/04/2015 Date of Discovery: 02/03/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 3 TWP 1S RNG 45W MERIDIAN 6

Latitude: 39.991201 Longitude: -102.407003

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

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

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

Weather Condition: Warm & Windy

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):

the Poly pipe fuse broke, valves were shut to isolate the water, no surface water to recover, poly fuse was repaired. Size of area was approx 5' x 5'. Soil samples have been taken and will be submitted on a supplemental form 19 when received. As soon as analyses are received they will be reviewed and treated per the lab recommendations. The location will be strawed to help hold the moisture.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/3/2015	COGCC	Rob Young	-	Via e-mail - no response
2/3/2015	Yuma County	Kara Hoover	-	Via e-mail - no response
2/3/2015	Landowner	Wes & Pam Kiser	970-332-4255	Left Detailed message-no response

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: Loni Davis

Title: Oper Acctg & Reg Spec Date: 06/30/2015 Email: ldavis@augustusenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400861231	FORM 19 SUBMITTED
400861281	OTHER
400862785	ANALYTICAL RESULTS
400862805	OTHER

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)