

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:

400867001

Date Received:

07/15/2015

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: <u>BENCHMARK ENERGY LLC</u> | Operator No: <u>10380</u> | Phone Numbers |
| Address: <u>PO BOX 8747</u> | | Phone: <u>(620) 672-1114</u> |
| City: <u>PRATT</u> State: <u>KS</u> Zip: <u>67124</u> | | Mobile: <u>(316) 617-1147</u> |
| Contact Person: <u>Jerry Nash</u> | | Email: <u>jerry@benchmarkenergy.us</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400867001

Initial Report Date: 07/13/2015 Date of Discovery: 07/10/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SW SW SEC 7 TWP 8N RNG 53W MERIDIAN 6

Latitude: 40.670270 Longitude: -103.351161

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 219083
 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 <100 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: NON-CROP LAND Other(Specify): _____

Weather Condition: 85 and sunny

Surface Owner: OTHER (SPECIFY) Other(Specify): Richard Hutt

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):

Lead line busted 7/10/2015. discovered @ 6pm. Called state and left a message. Spoke with state the next day. Landowner was notified. Immediately shut in to stop any further release. Will repair line and clean up spill.

List Agencies and Other Parties Notified:

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

Signed: _____ Print Name: Monica Hamilton

Title: Bookkeeper Date: 07/15/2015 Email: mhamilton@profsecservices.com

Attachment Check List

Att Doc Num **Name**

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| | |

Total Attach: 0 Files

General Comments

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

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

Total: 0 comment(s)