

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:

400873669

Date Received:

07/24/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442571

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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 5069273</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 3736581</u>
Zip: <u>80203</u>		Email: <u>Zack.Liesenfeld@pdce.com</u>
Contact Person: <u>Zack Liesenfeld</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400870835

Initial Report Date: 07/20/2015 Date of Discovery: 07/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 22 TWP 5N RNG 65W MERIDIAN 6

Latitude: 40.384011 Longitude: -104.642751

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 327103

☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Dump washed out on separator and released product within containment.

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Party Cloudy

Surface Owner: FEE

Other(Specify): Gary Alles

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 dump washed out on a separator on the Alles 22S-432 location and released what was thought to be around 0.75 bbls on July 13th, 2015. This release was within secondary containment under the separator units. The well was shut in and remediation activities began. On July 17th, 2015 it was determined the release was greater than 5 bbls. Excavation activities are currently being used to remove contaminated material.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/17/2015	COGCC	Rick Allison	-	Via Email
7/17/2015	Weld County	Roy Rudisill	-	Via Email

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:

Supplemental Form 19 Attached doc # 400871018

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

Signed: _____ Print Name: Zack Liesenfeld

Title: EHS Professional Date: 07/24/2015 Email: Zack.Liesenfeld@pdce.com

Attachment Check List

Att Doc Num **Name**

400873670	OTHER
-----------	-------

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)