

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400871129

Date Received:

07/22/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

442501

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>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: -103.351610

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 437485
 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:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/20/2015			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	8	0	<input type="checkbox"/>		
CONDENSATE	0	0	<input type="checkbox"/>		
PRODUCED WATER	22	0	<input type="checkbox"/>		
DRILLING FLUID	0	0	<input type="checkbox"/>		
FLOW BACK FLUID	0	0	<input type="checkbox"/>		
OTHER E&P WASTE	0	0	<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 checked="" 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): <u>100</u>	Width of Impact (feet): <u>60</u>		
		Depth of Impact (feet BGS): _____	Depth of Impact (inches BGS): _____		
How was extent determined?					
Depth has not been determined yet.					
Soil/Geology Description:					
Pasture land					
Depth to Groundwater (feet BGS) <u>30</u>		Number Water Wells within 1/2 mile radius: <u>1</u>			
If less than 1 mile, distance in feet to nearest		Water Well <u>1000</u> None <input type="checkbox"/>	Surface Water _____	None <input checked="" type="checkbox"/>	
		Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
		Livestock <u>0</u> None <input type="checkbox"/>	Occupied Building <u>1300</u>	None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:					

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/20/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

A flow line ruptured allowing oil and produced water to spill/flow into pasture area. Oily soil was removed to an lined area at NWG#8 Tank Battery to prevent contact from cattle.

Describe measures taken to prevent the problem(s) from reoccurring:

The line was immediately shut in upon discovery to prevent any further release. The flow line will be repaired.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

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: Monica Hamilton
 Title: Bookkeeper Date: 07/22/2015 Email: mhamilton@profsecservices.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400871129	FORM 19 SUBMITTED
400872190	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)