

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:

400877827

Date Received:

07/31/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442677

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400877827

Initial Report Date: 07/31/2015 Date of Discovery: 07/30/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 9 TWP 5N RNG 67W MERIDIAN 6

Latitude: 40.412120 Longitude: -104.888890

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331536

☐ 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): 0

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: Sunny

Surface Owner: FEE

Other(Specify): Carolyn Warner

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 damaged dump line was discovered upon investigation of a small product stain on the ground surface within containment of the Edwards site. After exposing the damaged line it was determined the amount of product released was greater than 5 bbls. Landowner was notified 7.30.2015.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---------------------|
| 7/31/2015 | COGCC | Rick Allison | - | Via email |
| 7/31/2015 | Weld County | Roy Rudisill | - | Via email |
| 7/30/2015 | Land owner | NA | - | Via email and phone |

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: Zack Liesenfeld

Title: EHS Professional Date: 07/31/2015 Email: Zack.Liesenfeld@pdce.com

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 400877827 | FORM 19 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|--|-------------------------|
| Environmental | <p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.</p> <p>The Supplemental Spill Report for this release is due by 8/09/2015.</p> | 7/31/2015 3:39:47 PM |
|---------------|--|-------------------------|

Total: 1 comment(s)