

# 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:

400889511

Date Received:

08/25/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

442980

## 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: VANGUARD OPERATING LLC	Operator No: 10531	<b>Phone Numbers</b> Phone: (970) 876-1959 Mobile: (970) 744-8128 Email: sgghan@vnrllc.com
Address: 5847 SAN FELIPE #3000		
City: HOUSTON	State: TX Zip: 77057	
Contact Person: Scott Ghan		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400889511

Initial Report Date: 08/25/2015 Date of Discovery: 08/21/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR sesw SEC 25 TWP 6s RNG 92w MERIDIAN 6

Latitude: 39.491857 Longitude: -107.618509

Municipality (if within municipal boundaries): County: GARFIELD

#### Reference Location:

Facility Type: PIPELINE ☐ 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): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: OTHER Other(Specify): rangeland

Weather Condition: 90 degrees, sunny and clear

Surface Owner: FEE Other(Specify): Duane Scott

#### 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):

Vanguard staff was notified by the surface owner at approximately 5 PM on 8/21/15 that water was observed coming out of the subsurface in our pipeline ROW. Vanguard staff responded immediately and were escorted to the location by the surface owner (Clark Scott). The portion of the ROW is located southwest of our Scott 24B-25-692 facility and west of Divide Creek. We did observe water coming out of the subsurface in three locations within the ROW in a fairly localized area. The pipeline was immediately shut-in and response activities were initiated. Some of the water had left the ROW and migrated down the fill slope a short distance before terminating. There was no surface evidence indicating that the water from the ROW made it to Divide Creek. We removed all the water the the affected portion of the pipeline overnight. Carlos Lujan inspected this location on 8/22/15 and is aware of the remediation plan.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/21/2015	Landowner	Clark Scott	970-618-3828	Found the release
8/21/2015	COGCC	Carlos Lujan	-	Inspected location on 8/22/15
8/21/2015	GarCO	Kirby Wynn	970-987-2557	Acknowledged notification via email

**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: Scott Ghan

Title: Senior EHS Specialist Date: 08/25/2015 Email: sghan@vnrlc.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400889511	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)