

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:

400896241

Date Received:

09/05/2015

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>MARATHON OIL COMPANY</u>	Operator No: <u>53650</u>	Phone Numbers
Address: <u>1501 STAMPEDE AVENUE</u>		Phone: <u>(307) 527-2155</u>
City: <u>CODY</u> State: <u>WY</u> Zip: <u>82414</u>		Mobile: <u>(970) 260-0772</u>
Contact Person: <u>Zach Toellner</u>		Email: <u>zjtoellner@marathonoil.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400896241

Initial Report Date: 09/05/2015 Date of Discovery: 09/03/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 19 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.597700 Longitude: -108.212920

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

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335992
☐ 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): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 141

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Varied: Sunny to Light Rain

Surface Owner: FEE Other(Specify): Chevron

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):

Release of produced water from underground flowline on Piceance's 596-19C well pad.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/3/2015	COGCC	Carlos Lujan	970-286-3292	Left voice mail.
9/4/2015	COGCC	Carlos Lujan	970-625-2497 x7	Left voice mail. Also sent email.
9/4/2015	COGCC	Stan Spencer	970-625-2497	Provided verbal notification of the incident. Also sent email.
9/4/2015	Chevron	Julie Justice	970-257-6042	Discussed incident with Julie.
9/4/2015	Chevron	Craig Tysee	970-285-9722	Left voice mail for Craig.
9/4/2015	Garfield County LEPC	Chris Bornholdt	970-945-0453	Left voice mail.

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: Tiffany Stebbins

Title: Sr Regulatory Compliance Date: 09/05/2015 Email: tastebbins@marathonoil.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)