

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:

400898727

Date Received:

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.

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442677

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) 506-9273</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80203</u>
Contact Person: <u>Zack Liesenfeld</u>		Mobile: <u>(970) 373-6581</u>
		Email: <u>Zack.Liesenfeld@pdce.cpm</u>

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 6Latitude: 40.412120 Longitude: -104.888890Municipality (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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: SunnySurface Owner: FEEOther(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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/14/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	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>45</u>		Width of Impact (feet): <u>30</u>	
Depth of Impact (feet BGS): <u>32</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Reference Supplemental Form 19 (Document# 400879453). See attached Form 27 and Remediation Work Plan.			
Soil/Geology Description:			
Colby loam, 1 to 3 percent slopes			
Depth to Groundwater (feet BGS) <u>150</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>500</u> None <input type="checkbox"/>	Surface Water <u>700</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1185</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

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: Zack Liesenfeld

Title: EHS Professional Date: _____ Email: Zack.Liesenfeld@pdce.cpm

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400899461	OTHER
400899462	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)