

**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:

09/14/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442677

## 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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9273</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 373-6581</u>
Zip: <u>80203</u>		Email: <u>Zack.Liesenfeld@pdce.cpm</u>
Contact Person: <u>Zack Liesenfeld</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		
<b>FLUIDS</b>	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? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 45 Width of Impact (feet): 30

Depth of Impact (feet BGS): 32 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) 150 Number Water Wells within 1/2 mile radius: 1

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: 9275

### 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: 09/14/2015 Email: Zack.Liesenfeld@pdce.cpm

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400899461	OTHER
400899462	OTHER
400899499	OTHER
400899500	OTHER

Total Attach: 4 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)