

**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:

400925555

Date Received:

10/27/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

440445

## 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) 5069273</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 3736581</u>
Zip: <u>80203</u>		Email: <u>Zack.Liesenfeld@pdce.com</u>
Contact Person: <u>Zack Liesenfeld</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400751596

Initial Report Date: 12/12/2014      Date of Discovery: 12/11/2014      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 12 TWP 6N RNG 65W MERIDIAN 6Latitude: 40.504925 Longitude: -104.609378Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL ☒ Facility/Location ID No 322935☐ 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_Weather Condition: Clear 46 deg FSurface Owner: FEE Other(Specify): \_\_\_\_\_

#### 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):

On Thursday 12/11/2014 PDC Energy discovered a historical spill while repairing the water drain line from production tank to water vault. Impacted soils were excavated and groundwater was encountered in the excavation at 6.5 feet below ground surface. Excavation began on 12/11/2014 continued on 12/12/2014 and a total of 246 cubic yards of soil have been removed from location. Soil sampling was conducted on Thursday afternoon and Friday during excavation. A figure of the sample locations is attached. Groundwater will be evacuated and sampled and the extent of the spill evaluated.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/12/2014	COGCC	John Axelson	-	Inquiry about property owner notification, which was in process and provided in a later e-mail to COGCC.
12/12/2014	Weld OEM		-	Left voice mail and sent e-mail.
12/12/2014	Proptert Owner		-	Contacted via PDC Land Dept. No specific concerns.

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 10/27/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 25		Width of Impact (feet): 25	
Depth of Impact (feet BGS): 6		Depth of Impact (inches BGS): _____	
How was extent determined?			
See doc number 400754466			
Soil/Geology Description:			
Otero sandy loam, 1 to 3 percent slopes			
Depth to Groundwater (feet BGS) 6		Number Water Wells within 1/2 mile radius: 6	
If less than 1 mile, distance in feet to nearest		Water Well 860	None <input type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water 200	None <input type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building 765	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

**CORRECTIVE ACTIONS**

<b>#1</b>	Supplemental Report Date: <u>10/27/2015</u>
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown	
<input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure)	
A historic release was discovered while replacing the produced water drain line. The release source and volume are unknown.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The battery will be rebuilt with new dump lines and annual line pressure tests will be completed.	
Volume of Soil Excavated (cubic yards): <u>246</u>	
Disposition of Excavated Soil (attach documentation) <input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): <u>120</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

**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: 9261

**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: Zack Liesenfeld

Title: EHS Professional Date: 10/27/2015 Email: Zack.Liesenfeld@pdce.com

**COA Type****Description**

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**Attachment Check List****Att Doc Num****Name**

400925555	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)