

**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:

400932477

Date Received:

11/06/2015

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

437293

## 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>GRMR OIL &amp; GAS LLC</u>	Operator No: <u>10524</u>	<b>Phone Numbers</b>
Address: <u>370 INTERLOCKEN BLVD SUITE 550</u>		Phone: <u>(720) 235-5071</u>
City: <u>BROOMFIELD</u>	State: <u>CO</u>	Mobile: <u>(307) 389-3842</u>
Zip: <u>80021</u>		Email: <u>Gary.Longhenry@grmr</u>
Contact Person: <u>Gary Longhenry</u>		<u>oilandgas.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400613684

Initial Report Date: 05/22/2014      Date of Discovery: 05/21/2014      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 31 TWP 5N RNG 90W MERIDIAN 6Latitude: 40.336086 Longitude: -107.530278Municipality (if within municipal boundaries): \_\_\_\_\_ County: MOFFAT

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-081-06985

#### 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? No

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): Leslee Durham

#### 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):

During P&A activities approximately 22 gallons of oil were displaced out of the top of the well casing into the excavated celler surrounding the well casing. It is the opinion of the field personnel that cement pumped into the well to fill the hole after the wellhead was cut off dropped and caused the fluid displacement. The adjacent cropland is currently being irrigated and water entered the celler and mixed with the oil. A vacuum truck was used to recover the oil and accumulated water from the celler. No further oil has emerged from the well casing. The well casing has since been sealed to finish the P&A procedure.

List Agencies and Other Parties Notified:

### 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: 8657

### 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: Chris McKisson

Title: Project Env. Scientist Date: 11/06/2015 Email: cmckisson@ltenv.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

400932477	FORM 19 SUBMITTED
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Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

Environmental	see remediation project number 8657 for details of release cleanup.	11/6/2015 11:53:06 AM
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Total: 1 comment(s)