

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

11/16/2015

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:

LUJAN, CARLOS

Spill/Release Point ID:

438132

OPERATOR INFORMATION

Name of Operator: BLACK DIAMOND MINERALS LLC Operator No: 10244 Address: 1301 MCKINNEY ST STE 2100 City: HOUSTON State: TX Zip: 77010 Contact Person: Mary Griggs Phone Numbers: (303) 912-8292 Mobile: (303) 912-8292 Email: mary.griggs@memorialrd.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400645220

Initial Report Date: 07/15/2014 Date of Discovery: 07/13/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 25 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.404769 Longitude: -107.832810

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 297747 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): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: Up to 5 bbls condensate, up to 40 bbls produced water

Land Use:

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

Weather Condition: Sunny, 50 degrees F.

Surface Owner: FEE Other(Specify): Operator is surface owner

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):

The location is Well Pad 25A. One well is currently producing - TPR #1 API 05-045-16947-00. Fluid was being transferred from a production tank to a temporary tank, using a hose and transfer pump. The operation was being manned by a contract worker. The contract employee neglected to turn off the transfer pump when the temporary tank was full. The fluid was spilled from the top of the temporary tank onto the ground on the well pad. Upon discovery, the contract worker shut off the pump and quickly made a containment berm around the spilt fluid using a track hoe that was at the well pad. No fluids left the location. The operator is investigating why the contract employee didn't turn off the transfer pump when the temporary tank was full. Impacted soil will be segregated. The operator is investigating the possibility of landfarming the impacted material.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/13/2014	COGCC	General voice mail	303-894-2100	Left message with a brief spill description and my contact information.
7/14/2014	CDPHE	Ann Nedrow	877-518-5608	Gave spill report.
7/14/2014	COGCC	Margaret Ash	303-894-2100	Left message.

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:

Impacted soil was taken to an off-site disposal facility. Please see attached manifests.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Mary Griggs

Title: Reg/Environmental Compla Date: 11/16/2015 Email: mary.griggs@memorialrd.com

Attachment Check List

Att Doc Num	Name
400937227	DISPOSAL MANIFEST

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)