

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:

400943955

Date Received:

11/29/2015

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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>CARRIZO NIOBRARA LLC</u> | Operator No: <u>10439</u> | Phone Numbers |
| Address: <u>500 DALLAS STREET #2300</u> | | Phone: <u>(713) 3586227</u> |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Mobile: <u>(281) 7702735</u> |
| Zip: <u>77002</u> | | Email: <u>eric.johansson@crzo.net</u> |
| Contact Person: <u>eric johansson</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400943955

Initial Report Date: 11/29/2015 Date of Discovery: 11/27/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR nwnw SEC 36 TWP 9n RNG 59w MERIDIAN 6Latitude: 40.712712 Longitude: -103.930850Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-37073

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? Yes

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

Estimated Oil Spill Volume(bbl): >=5 and <100Estimated 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: OTHEROther(Specify): well padWeather Condition: overcast, snow on the ground ~20FSurface 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):

ARRIVING ON LOCATION JUST BEFORE DARL ON 11/27/15 CARRIZO PERSONNEL ARRIVED ON LOCATION TO FIND AN UPSET THROUGH FLARE STACK RESULTING IN APPROXIMATELY 20 BBLs OF OIL SPILLED ON THE GROUND. ALL LIQUIDS WERE CONAINED ON PAD, NOTHING GOT OFF LOCATION. WELLS WERE SHUT IN IMMEDIATELY AND SECURED FOR THE NIGHT. CREWS WERE MOBILIZED ON 11/28/15 TO BEGIN CLEAN UP. CREWS ARE STILL ON LOCATION CLEANING AND EXCAVATING IMPACTED SOILS AS OF 11/29/15. IMPACTED SOIL WILL BE HAULED OFF AND DISPOSED OF AT PROPER FACILITY.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---------------------------------------|
| 11/28/2015 | COGCC | 24 HOUR NUMBER | 877-518-5608 | LEFT VOICE MESSAGE DETAILING INCIDENT |

OPERATOR COMMENTS:

FEEL FREE TO CALL FOR UPDATES. PLAN ON SOIL SAMPLING EXCAVATED AREA ONCE COMPLETED.

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

Signed: _____ Print Name: eric johansson

Title: EHS SUPERVISOR Date: 11/29/2015 Email: eric.johansson@crzo.net

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|-----------------|
| 400943956 | TOPOGRAPHIC MAP |
| 400943957 | SITE MAP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)