

**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:

400943689

Date Received:

11/25/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

443225

## 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.com</u>
Contact Person: <u>Zack Liesenfeld</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400901373

Initial Report Date: 09/17/2015      Date of Discovery: 09/16/2015      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 8 TWP 5N RNG 63W MERIDIAN 6Latitude: 40.408290 Longitude: -104.464200Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331043☐ 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? Yes

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: Sunny and 85Surface Owner: STATEOther(Specify): Colorado State of

#### 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 of the State 14, 24-8 location a historic release was discovered under the produced water vault. Exploration and remediation efforts found the release to be state reportable. Current action is being taken to determine the extent of the release, once found, an appropriate remediation plan will be executed.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/17/2015	State of CO	Rick Allison	-	Via email
9/17/2015	Weld County	Roy Rudesil	-	Via email
9/17/2015	State of CO	Steve Freese	-	Via email

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 11/25/2015		
<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? 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): 130 Width of Impact (feet): 70

Depth of Impact (feet BGS): 22 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

A Supplemental Form 19 was submitted on September 25, 2015. A summary of additional site assessment activities and the proposed remediation work plan is provided in the attached Form 27.

Soil/Geology Description:

Valent sand, 3 to 9 percent slopes

Depth to Groundwater (feet BGS) 80 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>        </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>        </u>	None <input checked="" type="checkbox"/>
Wetlands	<u>        </u>	None <input checked="" type="checkbox"/>	Springs	<u>        </u>	None <input checked="" type="checkbox"/>
Livestock	<u>25</u>	None <input type="checkbox"/>	Occupied Building	<u>        </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Reference attached Form 27 Remediation Work Plan.

## 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: 9370

### 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: 11/25/2015 Email: zack.liesenfeld@pdce.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

400943689	FORM 19 SUBMITTED
400943694	OTHER

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

Environmental	Remediation Project Number 9370 has been assigned. Please refer to Remediation Project Number 9370 for further information.	12/1/2015 10:28:52 AM
Environmental	Pending review of Form 27	11/30/2015 3:25:27 PM

Total: 2 comment(s)