

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400947829

Date Received:

12/04/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441581

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>EE3 LLC</u>	Operator No: <u>10450</u>	Phone Numbers
Address: <u>4410 ARAPAHOE AVENUE #100</u>		Phone: <u>(303) 444-8881</u>
City: <u>BOULDER</u> State: <u>CO</u> Zip: <u>80303</u>		Mobile: <u>()</u>
Contact Person: <u>Ruth Hartshorn</u>		Email: <u>rhartshorn@ee3llc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400821920

Initial Report Date: 04/08/2015 Date of Discovery: 03/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 32 TWP 8N RNG 80W MERIDIAN 6

Latitude: 40.627795 Longitude: -106.397892

Municipality (if within municipal boundaries): _____ County: JACKSON

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) 05-057-06523

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): <u>>0 and <1</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Well Pad

Weather Condition: Spill occurred inside a building

Surface 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):

A hose broke on the Grizzly #03-32H jet pump. Whilst the pump was shutting down less than one barrel of power fluid (oil) was released into the pumphouse. The pumphouse on the Grizzly #03-32H location is situated on a rubber mat ensuring that any fluid released was contained and did not penetrate the soil. Any free oil was picked up with a vacuum truck and transferred back through the production facilities on the location.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: _____			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input type="checkbox"/>	
CONDENSATE	_____	_____	<input type="checkbox"/>	
PRODUCED WATER	_____	_____	<input type="checkbox"/>	
DRILLING FLUID	_____	_____	<input type="checkbox"/>	
FLOW BACK FLUID	_____	_____	<input type="checkbox"/>	
OTHER E&P WASTE	_____	_____	<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 & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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)	<input type="checkbox"/> Soil	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Dry Drainage Feature
Surface Area Impacted:	Length of Impact (feet): _____	Width of Impact (feet): _____		
	Depth of Impact (feet BGS): _____	Depth of Impact (inches BGS): _____		
How was extent determined?	_____			
Soil/Geology Description:				

Depth to Groundwater (feet BGS)	_____	Number Water Wells within 1/2 mile radius:	_____	
If less than 1 mile, distance in feet to nearest	Water Well _____	None <input type="checkbox"/>	Surface Water _____	None <input type="checkbox"/>
	Wetlands _____	None <input type="checkbox"/>	Springs _____	None <input type="checkbox"/>
	Livestock _____	None <input type="checkbox"/>	Occupied Building _____	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:	_____			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/04/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

A hose broke on the Grizzly #03-32H jet pump. Whilst the pump was shutting down less than one barrel of power fluid (oil) was released into the pumphouse.

Describe measures taken to prevent the problem(s) from reoccurring:

Pumpers will do daily visual inspections of all equipment.

Volume of Soil Excavated (cubic yards): 14

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

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

Signed: _____ Print Name: Ruth Hartshorn
 Title: Business Manager Date: 12/04/2015 Email: rhartshorn@ee3llc.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400947829	FORM 19 SUBMITTED
400948049	DISPOSAL MANIFEST

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Please submit a supplemental report with the required information.	12/7/2015 12:25:44 PM
Environmental	All supplemental spill reports should included the required information on the tab "Spill/Release Detail Report" tab.	12/7/2015 10:59:39 AM
Environmental	lat/long provided is for wellhead not spill discharge location.	12/7/2015 10:58:27 AM

Total: 3 comment(s)