

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400948523

Date Received:

12/07/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

444158

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>EOG RESOURCES INC</u>	Operator No: <u>27742</u>	Phone Numbers
Address: <u>600 17TH ST STE 1100N</u>		Phone: <u>(307) 2357124</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(307) 2516728</u>
Zip: <u>80202</u>		Email: <u>steve_bugni@eogresources.com</u>
Contact Person: <u>Steve Bugni</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400943935

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NW/NE SEC 6 TWP 11N RNG 62W MERIDIAN 6

Latitude: 40.955647 Longitude: -104.361733

Municipality (if within municipal boundaries): N/A County: WELD

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) 05-123-31035

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): 0 Estimated Condensate Spill Volume(bbl): 0

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: _____

Land Use:

Current Land Use: OTHER Other(Specify): Simba 1-06SWD Wellhead and Facility

Weather Condition: 0 to 15 degrees F, no precipitation

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):

During the early morning of November 11, 2015, approximately 75 bbls of produced water was spilled at the Simba 1-06 SWD. The spill was located outside of secondary containment. All produced water remained on EOG Resources' location. The leak was isolated immediately upon discovery to prevent further spills. The root cause of the spill is under investigation. A vac truck was used to recover all standing fluids. The soils in the affected area were generally frozen, helping prevent the produced water from penetrating deep into the soils.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	12/07/2015	
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	200	170	<input 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): 200 Width of Impact (feet): 100

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The spill extent was determined visually.

Soil/Geology Description:

The soils at the Simba 1-06 SWD are road mix on top of native soils.

Depth to Groundwater (feet BGS) 60 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>1100</u>	None <input type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

200 bbls of produced water were spilled, with 170 bbls recovered using a vac truck. The ground on location was frozen at the time of the spill, which kept the spill from penetrating deep into the soils. Soil samples will be collected during the week of 12/7/15 to determine the extent of contamination. Samples will be analyzed for BTEX, TPH, DRO, GRO, EC, pH, and SAR. Depth to groundwater is greater than 60 feet.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/07/2015

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)

The root cause of the spill was determined to be human error. After the filter was replaced on a pump bank, a drain valve was left open. When the pump bank came online on the early morning of 11/27/15 produced water spilled from the open valve, overflowing the sump inside the pump building and ran out onto the pad.

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

Proper protocols for replacing filters was reviewed with all EOG employees.

Volume of Soil Excavated (cubic yards): 0

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

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: Steve Bugni
Title: Environmental Tech Date: 12/07/2015 Email: steve_bugni@eogresources.com

COA Type Description

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Attachment Check List

Att Doc Num	Name
400948523	FORM 19 SUBMITTED
400948538	AERIAL PHOTOGRAPH
400948539	AERIAL PHOTOGRAPH
400948540	AERIAL PHOTOGRAPH
400948596	SITE MAP

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)