

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400952525

Date Received:

12/11/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

444157

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>CARRIZO NIOBRARA LLC</u>	Operator No: <u>10439</u>	Phone Numbers
Address: <u>500 DALLAS STREET #2300</u>		Phone: <u>(713) 358-6227</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(281) 770-2735</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 6

Latitude: 40.712712 Longitude: -103.930850

Municipality (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 <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): well pad

Weather Condition: overcast, snow on the ground ~20F

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):

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

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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/11/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	20	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? <u>YES</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 checked="" 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): 250		Width of Impact (feet): 100	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 10	
How was extent determined?			
Excavation of the impacted area was done to get to clean soil. Some areas were less than 10 inches but the deepest impacted area was excavated to approximately 10 inches.			
Soil/Geology Description:			
Pasture land surrounding the pad site used for roaming livestock grazing. Initial excavation was conducted and soil samples taken in 10 different spots in the spill area. Map attached show the spill area and sample points identified. Lab results are also attached to show the results. Three seperate rounds of excavation and soil sampling were conducted until the area was proven to be below Table 910-1 guidelines. Please feel free to call if needed to discuss. Manifests of the hauled soils are also attached.			
Depth to Groundwater (feet BGS) 15		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest		Water Well 1700	None <input type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock 500	None <input type="checkbox"/>
		Surface Water	None <input checked="" type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
All soils excavated on the well pad site were hauled off to Waste Management Ault, CO landfill.			

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 12/11/2015
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
Installing High Pressure sensor devices to prevent over pressuring of vessels.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Carrizo will be installing in the near future High Pressure sensors to prevent over pressuring of vessels. Also will be installing float devices inside vessels to prevent over pressuring and prevent high volumes of liquid from amassing inside the equipment.	
Volume of Soil Excavated (cubic yards): 200	
Disposition of Excavated Soil (attach documentation)	
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> 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:

Attachment 1512012 - results after round 1 of excavation
Attachment 1512079 - results after round 2 of excavation
Attachment 1512086 - results after round 3 of excavation

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: 12/11/2015 Email: eric.johansson@crzo.net

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400952577	DISPOSAL MANIFEST
400952584	ANALYTICAL RESULTS
400952586	ANALYTICAL RESULTS
400952587	ANALYTICAL RESULTS
400952589	SITE MAP

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)