

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:

400976974

Date Received:

01/25/2016

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

444544

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>AUGUSTUS ENERGY RESOURCES LLC</u>	Operator No: <u>10489</u>	Phone Numbers
Address: <u>36695 HWY 385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u>	State: <u>CO</u>	Zip: <u>80758</u>
Contact Person: <u>Loni Davis</u>		Mobile: <u>()</u>
		Email: <u>ldavis@augustusenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400971232

Initial Report Date: 01/14/2016 Date of Discovery: 01/13/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 21 TWP 4N RNG 45W MERIDIAN 6Latitude: 40.304630 Longitude: -102.402490Municipality (if within municipal boundaries): _____ County: YUMA

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 159231☐ 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? 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated 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: Windy coolSurface 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):

Spill was aprox. 3-5 bbls, no surface water to recover. Affected area aprox. 1' x 15'. Lines were isolated, damaged line was dug up and repaired with a 3" electro fusion coupler, soil samples were taken and will be sent in for analysis. It appears to have been a small hole in the poly fuse. The affected area is approx. 10' from County Road 51. Livestock and nearest residence are approx. 1/2 mile away

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/14/2016	COGCC	Rob Young	-	Via e-mail
1/14/2016	Yuma County	Kara Hoover	-	Via e-mail
1/14/2016	Surface owner	Doug Brophy	970-630-0986	Still trying to reach-cell # is not allowing messages to be left.

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: Loni Davis

Title: Oper Acctg & Reg Spec. Date: 01/25/2016 Email: ldavis@augustusenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400976974	FORM 19 SUBMITTED
400976980	ANALYTICAL RESULTS
400977013	OTHER

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)