

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

401004639

Date Received:

03/14/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

445121

**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>ENCANA OIL &amp; GAS (USA) INC</u>	Operator No: <u>100185</u>	<b>Phone Numbers</b>
Address: <u>370 17TH ST STE 1700</u>		Phone: <u>(970) 2852925</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>		Mobile: <u>( )</u>
Contact Person: <u>Matt Kasten</u>		Email: <u>matt.kasten@encana.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401003409

Initial Report Date: 03/10/2016 Date of Discovery: 03/10/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NENW SEC 17 TWP 8S RNG 96W MERIDIAN 6

Latitude: 39.355978 Longitude: -108.135538

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MESA

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 334068  
 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? 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): >=100

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

Specify: tanks overflowed at injection facility spilling into lined secondary containment

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: clear

Surface Owner: FEDERAL Other(Specify): Colorado River Field Office

**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):

The Operator identified through automations an upset conditions. When arriving on site the operator identified the tanks overflowing into secondary containment. No fluid spilled outside of the secondary containment. It was determined the the high level alarm and Emergency shutdown device had failed. the operators shut in the tank recovered fluid from the secondary containment.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/10/2016	BLM	Christina O'Connell	-	sent to email
3/10/2016	Mesa County		-	sent to email

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/14/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	500	500	<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? YES 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): 92 Width of Impact (feet): 52

Depth of Impact (feet BGS): 2 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Spill never left lined secondary containment. (Pre-measured from SPCC diagrams)

Soil/Geology Description:

Clapper very stony loam, 25 to 65 percent slopes

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>1</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:

Free fluid did not leave secondary containment. ESD was repaired and fixed the next day. The containment was pressure washed to remove the residual stainings.

## 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:

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

Signed: \_\_\_\_\_ Print Name:     Matt Kasten    

Title:   Env. Consultant   Date:     03/14/2016     Email:   matt.kasten@encana.com  

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401004639	FORM 19 SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)