

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:

401012856

Date Received:

03/23/2016

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

445131

**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>PDC ENERGY INC</u>	Operator No: <u>69175</u>	<b>Phone Numbers</b>
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9273</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>(970) 373-6581</u>
Contact Person: <u>Zack Liesenfeld</u>		Email: <u>zack.liesenfeld@pdce.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401005091

Initial Report Date: 03/15/2016 Date of Discovery: 03/13/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWSE SEC 18 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.307620 Longitude: -104.930410

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- \_\_\_\_\_

**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): <u>0</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: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny and warm

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):

PDC discovered a produced water release from an open valve on a temporary produced water tanks on the Rieder 18 QT location. The release was determined to be greater than 5 barrels within secondary containment. Free liquids were vacuumed up and current cleanup efforts removed contaminated soil.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/14/2016	COGCC	Rick Allison	-	Via Email
3/14/2016	COGCC	Peter Gintautas	-	Via Email
3/14/2016	Weld County	Roy Rudisill	-	Via Email

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/22/2016

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>5</u>	<u>5</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

On March 13, 2016, a release occurred when a valve was left open on a temporary produced water tank at the Rieder 18 QT location. The released volume was immediately recovered and transported to a licensed disposal facility. Mitigation and sampling activities are on-going and will be summarized in a forthcoming report. A topographic map is included as Figure 1.

Soil/Geology Description:

Colombo clay loam, 0 to 1 percent slopes

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>90</u>	None <input type="checkbox"/>	Surface Water	<u>675</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2350</u>	None <input type="checkbox"/>	Occupied Building	<u>745</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/22/2016	
Cause of Spill (Check all that apply)			
<input checked="" type="checkbox"/>	Human Error	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/>	Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)			
A temporary produced water tank valve was left open resulting in a release within secondary containment.			
Describe measures taken to prevent the problem(s) from reoccurring:			
A tank inspection will be conducted prior to site departure.			
Volume of Soil Excavated (cubic yards): 0			
Disposition of Excavated Soil (attach documentation)			
<input 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:

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

Signed: \_\_\_\_\_ Print Name: Zack Liesenfeld

Title: EHS Professional Date: 03/23/2016 Email: zack.lisenfeld@pdce.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

401012856	FORM 19 SUBMITTED
401012925	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)