

# 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:

401017612

Date Received:

03/30/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

445224

## 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: COLORADO OIL & GAS CONSERVATION COMMISSION	Operator No: 5	<b>Phone Numbers</b>
Address: 1120 LINCOLN ST SUITE 801		Phone: (970) 6252497
City: DENVER	State: CO	Zip: 80203
Contact Person: Craig Burger		Mobile: (970) 3194194
		Email: craig.burger@state.co.us

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401015814

Initial Report Date: 03/28/2016 Date of Discovery: 03/22/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 9 TWP 6N RNG 91W MERIDIAN 6

Latitude: 40.485311 Longitude: -107.600575

Municipality (if within municipal boundaries): County: MOFFAT

#### Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 391537  
☐ 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? 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? No

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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Freshwater left over from P&A operation

#### Land Use:

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

Weather Condition: snow flurries

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):

About 3 barrels of extra freshwater left over from P&A operation was drained from a storage tank.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
	COGCC	Kris Neidel	970-846-5097	

### 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:

The following soil samples will be taken, two samples from the identified impacted area; one for full COGCC table 910-1, the other will be analyzed for TPH (GRO & DRO), BETX, SAR, PH, EC. Background samples will be taken and analyzed for EC, SAR, PH and Arsenic. Guidance for sample locations will be taken from rule 910.b(3)B

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

Signed: \_\_\_\_\_ Print Name: Craig Burger

Title: NW Area Engineer Date: 03/30/2016 Email: craig.burger@state.co.us

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401017615	OTHER
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Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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Total: 0 comment(s)