

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:

401026931

Date Received:

04/13/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445470

SPILL/RELEASE REPORT (INITIAL)

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>SYNERGY RESOURCES CORPORATION</u>	Operator No: <u>10311</u>	<b>Phone Numbers</b>
Address: <u>20203 HIGHWAY 60</u>		Phone: <u>(970) 7371073</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>		Mobile: <u>(970) 2300435</u>
Contact Person: <u>David Pennington</u>		Email: <u>dpennington@syrginfo.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401026931

Initial Report Date: 04/13/2016 Date of Discovery: 04/12/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 12 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.507591 Longitude: -104.609899

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

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 323590  
 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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

Specify: \_\_\_\_\_

Land Use:

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

Weather Condition: Clear 70s

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):

Historical hydrocarbon impacts to soil and groundwater were observed while removing a buried concrete vault as part of P&A activities. Synergy is presently conducting source removal excavations in and around the area of discovery. The associated well, flow line, and processing equipment have already been decommissioned and removed from the Site.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
4/13/2016	Weld County LGD	Troy Swain	970-3536100	No Response

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: Jess Alexander

Title: Proj. Env. Scientist Date: 04/13/2016 Email: jalexander@ltenv.com

**COA Type**

**Description**

--	--

### Attachment Check List

**Att Doc Num**

**Name**

401026931	FORM 19 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)