

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401057983

Date Received:

06/03/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445875

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>PROSPECT ENERGY LLC</u>	Operator No: <u>10312</u>	Phone Numbers
Address: <u>500 DALLAS STREET SUITE 1800</u>		Phone: <u>(303) 9104511</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77002</u>
Contact Person: <u>Sydney Smith</u>		Mobile: <u>()</u>
		Email: <u>ssmith@progressivepc s.net</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401054614

Initial Report Date: 05/26/2016 Date of Discovery: 05/26/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 8 TWP 8N RNG 68W MERIDIAN 6Latitude: 40.669220 Longitude: -105.037292Municipality (if within municipal boundaries): _____ County: LARIMER

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-069-05134

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): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: CloudySurface 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):

5 bbls of crude oil was released from the flowline of the Martinez 1. Once the leak was discovered the well was isolated effectively stopping the leak. Excavation of the line is underway and the cause of the line failure will be provided once known. A crew was dispatched to location to begin clean up. Soil samples will be taken and submitted with the supplemental report within 10 days.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/26/2016	City of Fort Collins	Dan Weinheimer	970-4162253	Verbal Notification

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/03/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>15</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>4</u>		Depth of Impact (inches BGS): <u>48</u>	
How was extent determined?			
Aerial extent was determined by visual inspection.			
Soil/Geology Description:			
The subject area is used for a well pad. The surface soil is road base and fill. The sub soil is clay, approximately 6 feet beneath the surface.			
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>3169</u> None <input type="checkbox"/>	Surface Water <u>44</u> None <input type="checkbox"/>	
	Wetlands <u>1444</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>251</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			
The affected area has been excavated to approximately 15'x10' at an approximant depth of 4' to uncover all effected soil. Once the hole dries out soil samples will be taken and submitted at a later date. The line failure was determined to be caused by corrosion and all affected areas of the line have since been replaced. Once the soil samples have come back and approval has been given to backfill the hole the COGCC will be notified to come witness the pressure test.			

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: Sydney Smith

Title: Regulatory Analyst Date: 06/03/2016 Email: ssmith@progressivepcs.net

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401058056	OTHER
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)