

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:

401082913

Date Received:

07/22/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445284

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: GREAT WESTERN OPERATING COMPANY LLC Operator No: 10110 Address: 1801 BROADWAY #500 City: DENVER State: CO Zip: 80202 Contact Person: Scot Donato Phone Numbers: Phone: (303) 398-03032 Mobile: (303) 549-7739 Email: sdonato@gwogco.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401015105

Initial Report Date: 03/24/2016 Date of Discovery: 03/22/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.484493 Longitude: -104.872766

Municipality (if within municipal boundaries): Windsor County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No: 319611 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? 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): Unknown Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): undeveloped Weather Condition: clear 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

Updated information about the nearest water well is included in this Supplemental Report, per your request in an email dated 4/18/16. Well permit # 978-R- was initially thought to be within 200 feet of the spill location. The well has been properly identified, and is located approximately 850 feet south of the release location. Please see attached aerial photograph depicting the release and the well.

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:

Updated information about the nearest water well is included in this Supplemental Report, per your request in an email dated 4/18/16. Well permit # 978-R- was initially thought to be within 200 feet of the spill location. The well has been properly identified, and is located approximately 850 feet south of the release location. Please see attached aerial photograph depicting the release and the well.

Additional information regarding the presence of groundwater impact and the approximate area of soil impact are included. A Form 27 Corrective Action form will be submitted.

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

Signed: _____ Print Name: Rachel Peterson

Title: Project Manager Date: 07/22/2016 Email: petersonr@agwco.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| 401082964 | SITE MAP |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)