

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401133225

Date Received:

10/19/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448023

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>	Phone Numbers
Address: <u>1775 SHERMAN STREET - STE 3000</u>		Phone: <u>(970) 506-9273</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 373-6581</u>
Zip: <u>80203</u>		Email: <u>zack.liesenfeld@pdce.com</u>
Contact Person: <u>Zack Liesenfeld</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401130478

Initial Report Date: 10/14/2016 Date of Discovery: 10/13/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 32 TWP 6N RNG 63W MERIDIAN 6Latitude: 40.440500 Longitude: -104.467290Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331044☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): Range LandWeather Condition: Sunny and warmSurface Owner: STATE

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):

Yesterday a produced water release was discovered within secondary containment at the State 6525 13-32 production facility. Once the release was determined reportable, the water leg was immediately shut in and vault bottomed out. Investigation efforts are identifying cause and point of release. Recovery activities are currently mitigating impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/13/2016	COGCC	Rick Allison	-	Via email
10/13/2016	Weld County	Roy Rudisill	-	Via email
10/13/2016	Land Owner	NA	-	Via Phone Call

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/19/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	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? 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 October 13, 2016, approximately 30 barrels of produced water were released within secondary containment. Upon discovery, the produced water dump line was shut in and spill response measures were completed. Sub-surface site assessment activities are on-going and will be summarized in a forthcoming report. A topographic map is included as Figure 1.

Soil/Geology Description:

Vona sandy loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 38 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well	<u>1675</u>	None <input type="checkbox"/>	Surface Water	<u>4630</u>	None <input type="checkbox"/>
	Wetlands	<u></u>	None <input checked="" type="checkbox"/>	Springs	<u></u>	None <input checked="" type="checkbox"/>
	Livestock	<u>3880</u>	None <input type="checkbox"/>	Occupied Building	<u>3775</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 10/19/2016
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" 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 leak was discovered during annual pressure testing. Investigation efforts to determine the root cause of the release are on-going.	
Describe measures taken to prevent the problem(s) from reoccurring: Preventative measures will be determined once the root cause is identified.	
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: 10/19/2016 Email: zack.liesenfeld@pdce.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401133225	FORM 19 SUBMITTED
401133273	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)