

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401157367

Date Received:

01/09/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448931

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>PETERSON ENERGY OPERATING INC</u>	Operator No: <u>68710</u>	Phone Numbers
Address: <u>2154 W EISENHOWER BLVD</u>		Phone: <u>(970) 669-7411</u>
City: <u>LOVELAND</u>	State: <u>CO</u>	Mobile: <u>(970) 203-4263</u>
Zip: <u>80537</u>		Email: <u>andy@petersonenergyoperating.com</u>
Contact Person: <u>Andy Peterson</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401157367

Initial Report Date: 11/29/2016 Date of Discovery: 11/07/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 20 TWP 7N RNG 65W MERIDIAN 6

Latitude: 40.559640 Longitude: -104.696250

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

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) 05-123-12082

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): >=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: CROP LAND

Other(Specify): _____

Weather Condition: Warm and DrySurface 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):

During an annual flowline test, the line failed to hold pressure. Well immediately SI. Excavation was delayed until corn was out of field. On 11/7/2016 excavation uncovered both the flowline to the Mapelli#5 and an older parallel pre-existing 2" steel line. The pre-existing line was full of holes. The contaminated soil was excavated and hauled to commercial disposal. Samples were taken from sides and bottom of pit after excavation and sent to lab and fill dirt was added to replace contaminated soil. The original topsoil was used to top off the excavation site. Site returned to previous condition.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/5/2016	Surface Owner Representative	Silvano	970-302-5680	

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: Ryan Dornbos
Title: Petroleum Engineer Date: 01/09/2017 Email: ryan@petersonenergyoperating.com

COA Type

Description

	COGCC removed the Request for Closure - Corrective Actions Complete. The Operator is directed to submit a Supplemental Spill Report on Form 19 and complete the Spill/Release Detail Report and the Corrective Actions Report. Corrective Actions shall include the root cause of the flowline failure and corrective actions to prevent future failures.
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2615463	CORRESPONDENCE
401157367	FORM 19 SUBMITTED
401180215	ANALYTICAL RESULTS
401180230	OTHER

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)