

# 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:

401399289

Date Received:

09/11/2017

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

444544

## SPILL/RELEASE REPORT (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>AUGUSTUS ENERGY RESOURCES LLC</u>	Operator No: <u>10489</u>	<b>Phone Numbers</b>
Address: <u>36695 HWY 385</u>		Phone: <u>(970) 332-3585</u>
City: <u>WRAY</u>	State: <u>CO</u>	Mobile: <u>(970)</u>
Zip: <u>80758</u>		Email: <u>ldavis@augustusenergy.com</u>
Contact Person: <u>Loni Davis</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400971232

Initial Report Date: 01/14/2016 Date of Discovery: 01/13/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 21 TWP 4N RNG 45W MERIDIAN 6

Latitude: 40.304630 Longitude: -102.402490

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

#### Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE ☒ Facility/Location ID No 159231

☐ 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): >=1 and <5

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): \_\_\_\_\_

Weather Condition: Windy cool

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):

Spill was aprox. 3-5 bbls, no surface water to recover. Affected area aprox. 1' x 15'. Lines were isolated, damaged line was dug up and repaired with a 3" electro fusion coupler, soil samples were taken and will be sent in for analysis. It appears to have been a small hole in the poly fuse. The affected area is approx. 10' from County Road 51. Livestock and nearest residence are approx. 1/2 mile away

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/14/2016	COGCC	Rob Young	-	Via e-mail
1/14/2016	Yuma County	Kara Hoover	-	Via e-mail
1/14/2016	Surface owner	Doug Brophy	970-630-0986	Still trying to reach-cell # is not allowing messages to be left.

**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:**

We are requesting closure for this spill 444544. Please see attached photos.

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

Signed: \_\_\_\_\_ Print Name: Loni Davis

Title: Oper Acctg & Reg Spec Date: 09/11/2017 Email: ldavis@augustusenergy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401399323	AERIAL PHOTOGRAPH
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)