

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:

401429762

Date Received:

10/14/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452577

## SPILL/RELEASE REPORT (INITIAL)

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: FIFTH CREEK ENERGY OPERATING COMPANY LLC	Operator No: 10629	<b>Phone Numbers</b> Phone: (303) 910-4511 Mobile: ( ) Email: ssmith@fifthcreekenergy.com
Address: 5251 DTC PKWY STE 420		
City: GREENWOOD VILLAGE	State: CO Zip: 80111	
Contact Person: Sydney Smith		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401429762

Initial Report Date: 10/14/2017 Date of Discovery: 10/13/2017 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 14 TWP 11N RNG 64W MERIDIAN 6

Latitude: 40.914786 Longitude: -104.505064

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No ☐  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-123-32032

#### 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 <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 1 bbl of crude oil

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Clear sky and dry

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):

The spill was determined to be caused by the stuffing rubbers on the polishing rod failing. Once the spill was discovered a vac truck was dispatched to location to begin clean up.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/14/2017	Weld County	Troy Swain	-	
10/14/2017	Surface Owner		-	

**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: Sydney Smith

Title: Regulatory Analyst Date: 10/14/2017 Email: ssmith@fifthcreekenergy.com

**COA Type**

**Description**

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.</p> <p>The Supplemental Spill Report for this release is due by October 23, 2017.</p>
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**Attachment Check List**

**Att Doc Num**

**Name**

401429762	SPILL/RELEASE REPORT(INITIAL)
401429918	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)