

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:

401484278

Date Received:

12/13/2017

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

453298

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: COLORADO OIL & GAS CONSERVATION COMMISSION Operator No: 5
Address: 1120 LINCOLN ST SUITE 801
City: DENVER State: CO Zip: 80203
Contact Person: Kris Neidel
Phone Numbers: Phone: (970) 871-1963 Mobile: (970) 846-5097 Email: kris.neidel@state.co.us

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401475948

Initial Report Date: 12/05/2017 Date of Discovery: 12/01/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 33 TWP 9N RNG 81W MERIDIAN 6

Latitude: 40.714271 Longitude: -106.493056

Municipality (if within municipal boundaries): County: JACKSON

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) 05-057-06069

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): >0 and <1 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: 45 CLOUDY
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):

Approximately 1 BBL of fluid was released from the wellhead while the workover rig was nipping up the BOP. The tubing was plugged off at the bottom, as a result when tubing was tripped out of the hole fluid was released to the surface of the pad. No fluid left the pad surface.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/4/2017	Jackson County LGD	Kent Crowder	970-723-4660	email
12/4/2017	silver spur surface owner	Colton Miller	-	email

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/13/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>1</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>1</u>	<u>1</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 30 Width of Impact (feet): 3

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 2

How was extent determined?

Soils samples were collected.

Soil/Geology Description:

Sandy/Loam

Depth to Groundwater (feet BGS) 110 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>5085</u>	None <input type="checkbox"/>	Surface Water	<u>2310</u>	None <input type="checkbox"/>
Wetlands	<u>2950</u>	None <input type="checkbox"/>	Springs	<u>3470</u>	None <input type="checkbox"/>
Livestock	<u>1000</u>	None <input type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

All free fluid was removed after plug was set in well and well work was complete. The fluid was not allowed to freeze on the pad prior to removal.

## 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:

Request for closures will not be made until soils are compliant to COGCC table 910-1.

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

Signed: \_\_\_\_\_ Print Name: Kris Neidel

Title: EPS staff. Date: 12/13/2017 Email: kris.neidel@state.co.us

### 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>
401485487	SITE MAP

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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

Total: 0 comment(s)