

**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:

401519737

Date Received:

01/19/2018

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

### 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 6Latitude: 40.714271 Longitude: -106.493056Municipality (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 <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 45 CLOUDYSurface 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

#1Supplemental Report Date:01/19/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	1	1	<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?Was an Emergency Pit constructed?

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):30Width of Impact (feet):3

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

How was extent determined?

soil samples

Soil/Geology Description:

Sandy/Loam

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

If less than 1 mile, distance in feet to nearest

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

Additional Spill Details Not Provided Above:

Soil samples were collected in the areas impacted by surface spills, results of samples and sample locations are attached. It is proposed that impacted soils are address at the time of P&A of well and reclamation of associated pad.

## 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: Kristopher Neidel

Title: EPS staff Date: 01/19/2018 Email: Kris.Neidel@state.co.us

### COA Type

### Description

	EC and TPH are in exceedance of Table 910-1 concentrations. At the time the well is PAd and final reclamation of the location, impacted surficial materials will be remediated and confirmation samples shall be collected to demonstrate compliance with Table 910-1.
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## Attachment Check List

### Att Doc Num

### Name

401519737	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401519891	ANALYTICAL RESULTS
401519894	SITE MAP
401519901	ANALYTICAL RESULTS
401520085	FORM 19 SUBMITTED

Total Attach: 5 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)