

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:

401523387

Date Received:

01/23/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

451001

### 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>WESCO OPERATING INC</u>	Operator No: <u>95520</u>	<b>Phone Numbers</b>
Address: <u>120 S DURBIN STREET</u>		Phone: <u>(307) 577-5329</u>
City: <u>CASPER</u> State: <u>WY</u> Zip: <u>82602</u>		Mobile: <u>( )</u>
Contact Person: <u>Dave Weinert</u>		Email: <u>davew@kirkwoodcompanies.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401303428

Initial Report Date: 06/07/2017 Date of Discovery: 06/07/2017 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR swnw SEC 26 TWP 4N RNG 95W MERIDIAN 6

Latitude: 40.288560 Longitude: -108.024930

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

#### 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- \_\_\_\_\_

#### 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? Yes

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): >=5 and <100

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: 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):

This is a Maudlin Gulch #18 flow line leak. The leak began at approximately 9:00 am on June 7th. The leak was discovered at approximately 10:00 am. The leak was controlled by 11:00 am. The well pump was shut off. A vac truck was used to drain the buried line. The spill flowed through a culvert and into Straight Gulch. Oil absorbant booms and pads were placed along the spill path. An underflow dam was placed near the leading edge of the spill to prevent further migration of the crude oil. A containment boom was placed on a pond downstream of the spill. The flow line will be replaced. On June 8th, fresh water will be used to wash the oil to the underflow dam where it will be recovered using absorbant booms, pads and a vac truck. The recovered fluid will be placed into the Maudlin Gulch tank battery tanks.

List Agencies and Other Parties Notified:

### 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: 10260

### OPERATOR COMMENTS:

This closure request is submitted per Kris Neidel email to Dave Weinert dated 1/17/2018

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

Signed: \_\_\_\_\_ Print Name: Dave Weinert

Title: HSE Coordinator Date: 01/23/2018 Email: davew@kirkwoodcompanies.com

### COA Type

### Description

COA Type	Description

### Attachment Check List

### Att Doc Num

### Name

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

### User Group

### Comment

### Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)