

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401527737

Date Received:

01/26/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

453792

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	Phone Numbers Phone: (970) 871-1963 Mobile: (970) 846-5097 Email: kris.neidel@state.co.us
Address: 1120 LINCOLN ST SUITE 801		
City: DENVER	State: CO Zip: 80203	
Contact Person: Kristopher Neidel		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401522602

Initial Report Date: 01/22/2018 Date of Discovery: 01/19/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 28 TWP 9N RNG 81W MERIDIAN 6

Latitude: 40.725967 Longitude: -106.498523

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) 05-057-06011

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 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: 30 and 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):

During workover operations to pull a submersible pump and TA/MIT the well, approximately 5 BBL of fluid was released from the wellhead when the tubing became plugged off at the bottom, not allowing the tubing string to fully drain. As a result when the last 10 stands of tubing were 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
1/22/2018	Jackson County LGD	Kent Crowder	970-723-4660	email
1/22/2018	silver spur surface	Colton Miller	-	email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/26/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	4	4	<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? NO 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): 126 Width of Impact (feet): 60

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

How was extent determined?

visually. extent will be determined with soil samples. In attached photos, area of impact is identified.

Soil/Geology Description:

compacted sandy/loam and road base.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest	Water Well	<u>3100</u>	None <input type="checkbox"/>	Surface Water	<u>1731</u>	None <input type="checkbox"/>
	Wetlands	<u>0</u>	None <input type="checkbox"/>	Springs	<u>1320</u>	None <input type="checkbox"/>
	Livestock	<u>1</u>	None <input type="checkbox"/>	Occupied Building	<u>3100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

spill was completely contained on the pad surface. All free fluid was removed within hours of spill. Area impacted has been fenced, the fence will remain until impacts can be delineated with soil samples.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 01/26/2018
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure)	
Root Cause was pulling a wet string with the bottom of the tubing plugged off.	
Describe measures taken to prevent the problem(s) from reoccurring:	
a water collection basin placed under/near the rig jaws could catch the water expressed from the tubing.	
Volume of Soil Excavated (cubic yards): 2	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input checked="" type="checkbox"/> Other (specify) onsite staging area	
Volume of Impacted Ground Water Removed (bbls): 0	
Volume of Impacted Surface Water Removed (bbls): 0	

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: 01/26/2018 Email: kris.neidel@state.co.us

COA Type

Description

	Collect confirmation soil samples and analyze for 910-1.
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Attachment Check List

Att Doc Num

Name

401527737	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401527738	SITE MAP
401528222	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)