

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:

401753824

Date Received:

09/05/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

456354

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: PDC ENERGY INC	Operator No: 69175	Phone Numbers
Address: 1775 SHERMAN STREET - STE 3000		Phone: (970) 506-9272
City: DENVER State: CO Zip: 80203		Mobile: ()
Contact Person: Zack Liesenfeld		Email: Zack.Liesenfeld@pdce.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401716701

Initial Report Date: 07/27/2018 Date of Discovery: 07/26/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SSWSE SEC 20 TWP 6N RNG 66W MERIDIAN 6

Latitude: 40.467950 Longitude: -104.799470

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 436120

Spill/Release Point Name: Swanson

☐ No Existing Facility or Location ID No.

Number: 34-20

☐ 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? 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: CROP LAND

Other(Specify):

Weather Condition: Cloudy and warm

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):

PDC discovered a reportable historical spill while abandoning the production facility at the Swanson 34-20. Recovery efforts are mitigating impacts.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/27/2018	COGCC	Rick Allison	-	via email
7/27/2018	Weld County	Roy Rudisill	-	via email
7/27/2018	Land Owner	NA	-	via email

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

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: 11750

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: Zack Liesenfeld

Title: EHS Professional Date: 09/05/2018 Email: Zack.Liesenfeld@pdce.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)