

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401844101

Date Received:

11/19/2018

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

459130

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>PHOENIX RESOURCES LLC</u>	Operator No: <u>10691</u>	Phone Numbers
Address: <u>5566 S SYCAMORE STREET</u>		Phone: <u>(303) 2193362</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80120</u>		Mobile: <u>()</u>
Contact Person: <u>Taylor Heffner</u>		Email: <u>theffner@phxresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401835293

Initial Report Date: 11/11/2018 Date of Discovery: 10/24/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 31 TWP 34S RNG 42W MERIDIAN 6

Latitude: 37.033380 Longitude: -102.215830

Municipality (if within municipal boundaries): _____ County: BACA

Reference Location:

Facility Type: OIL AND GAS LOCATION Facility/Location ID No _____

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05-009-06676

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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: mostly cold and dry

Surface Owner: FEE Other(Specify): Kerry Cromer

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):

Packing within the stuffing box recently leaked, causing the spill. The leak has since been repaired and the spill cleaned up.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Surface Owner - Caretaker and LGD - Baca County.

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

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 [X]

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

SPILL/RELEASE DETAIL REPORTS

Form containing spill details for #1, supplemental report date 11/18/2018. Includes table for fluids spilled/recovered, containment status, impacted media, and soil/geology description.

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building 2600 None

Additional Spill Details Not Provided Above:

Soil samples are being collected and analyzed per 906.b.1.B, and a Table-910-1 will be submitted once the analytics have been returned to Phoenix Resources.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/18/2018

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

The Holt #1 recently experienced a leak at the wellhead, in which rubber packing material within the stuffing box of the pumping unit leaked, causing oil and mostly water to leak by, down the wellhead and onto the ground. The heavy winds that day blew some of this produced fluid onto the soil in front of the wellhead, so the visual extent was documented by pictures taken by the field inspector. We have since replaced the packing within the stuffing box and have not seen any further leaking.

Describe measures taken to prevent the problem(s) from reoccurring:

Since acquiring this well in October, we began documenting each piece of equipment on location and its components in order to keep track of the age of the equipment. Going forward, we plan to be proactive in replacing and maintaining parts that are approaching their typical service usage. Additionally, our lease operator(s) will keep close eye on the integrity of the packing material within the stuffing box of all pumping units we operate in the area, since this has already occurred once. Now that this equipment is on a preventative maintenance schedule, this issue should not resurface again. Soil samples are being collected and analyzed per 906.b.1.B, and a Table-910-1 will be submitted once the analytics have been returned to Phoenix Resources.

Volume of Soil Excavated (cubic yards): 1

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

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: Taylor Heffner

Title: Partner Date: 11/19/2018 Email: theffner@phxresources.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

401844101	SPILL/RELEASE REPORT(SUPPLEMENTAL)
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401844103	AERIAL PHOTOGRAPH
401845482	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)