

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:

401885289

Date Received:

12/23/2018

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

460326

SPILL/RELEASE REPORT (INITIAL)

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>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>	Phone Numbers Phone: <u>(970) 8125311</u> Mobile: <u>(970) 2106889</u> Email: <u>lprescott@laramie-energy.com</u>
Address: <u>1401 SEVENTEENTH STREET #1400</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Lorne C Prescott</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401885289

Initial Report Date: 12/23/2018 Date of Discovery: 12/22/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 4 TWP 6s RNG 97w MERIDIAN 6

Latitude: 39.555290 Longitude: -108.232770

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

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 324400

Spill/Release Point Name: Cascade Creek 604-12-13 SWD ☐ No Existing Facility or Location ID No.

Number: _____ ☐ 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? No

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): >=1 and <5

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Cam lock failed on SWD fluid transfer, 2 bbls spilled, all recovered.

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 15- 20 deg f, clear

Surface Owner: FEE

Other(Specify): Laramie Energy

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):

A cam lock broke/failed during water transfer to SWD. Approximately 2 bbls spilled on the surface, because of extreme cold the fluid froze almost immediately. Frozen spill fluids were scraped up using shovels and remaining unfrozen fluid was sucked up with vac truck. Current estimates are for full recovery of fluids that were released, 2bbls spilled, 2bbls recovered.

List Agencies and Other Parties Notified:

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: _____

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: Lorne C Prescott

Title: Reg & Enviro Compliance Date: 12/23/2018 Email: lprescott@laramie-energy.com

COA Type

Description

	Delineate horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental F-19 if cleaned up immediately and/or F-27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	Submit documentation of local government notification, per Rule 906.b, via eForm 19 Supplemental Report.

Attachment Check List

Att Doc Num

Name

401885289	SPILL/RELEASE REPORT(INITIAL)
401885857	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	Updated Spill/Release name based on associated facility. Updated associated facility ID from #160016 to #324400, based on spill location.	12/24/2018
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Total: 1 comment(s)