

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401890147

Date Received:

01/02/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

460334

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: VERDAD RESOURCES LLC	Operator No: 10651	Phone Numbers
Address: 5950 CEDAR SPRINGS ROAD		Phone: (720) 8456901
City: DALLAS State: TX Zip: 75235		Mobile: ()
Contact Person: Michael Cugnetti		Email: mcugnetti@verdadoil.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401885268

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

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 30 TWP 9N RNG 59W MERIDIAN 6

Latitude: 40.714783 Longitude: -104.011914

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 424271

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

Number: 30-44-9-59 ☐ 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): >=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: Clear, cold (below freezing)

Surface Owner: FEE

Other(Specify): Shull

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):

Spill occurred while loading a tanker truck. As soon as the leak in the line was discovered loading operation halted and valve closed immediately. Spill occurred and stayed on roadbase surface at tank load out area. No oil left the pad. Free liquid was vacuumed and recovered. Impacted pad roadbase and underlying soil, if any, will be scraped up and taken to landfill for disposal.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/23/2018	Weld County	Jason Maxey	970-4003579	emailed. no response yet
12/23/2018	Landowner	Shull	-	called, left message

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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/02/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	2	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 25		Width of Impact (feet): 15	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 1	
How was extent determined?			
Extent of impact area was determined by observation of spill area. Depth impact was determined by excavation of impacted soil and use of PID and analysis soil samples for confirmation of clean up.			
Soil/Geology Description:			
The impacted soil is roadbase material that was brought in to build the pad.			
Depth to Groundwater (feet BGS) 40		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well 4284 None <input type="checkbox"/>	Surface Water 3505 None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs None <input checked="" type="checkbox"/>

Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/02/2019

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)

7:30am tank truck was being loaded with oil and compartment being filled overflowed. Loading was immediately stopped when overflow was noticed. Spill estimated at 2 bbls outside containment. Root cause was oil truck driver was distracted and not focusing on job.

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

Incident was discussed with the driver and supervisor. Importance of spill prevention and focus on job at hand was conveyed. With consequences of future incidents up to and including termination.

Volume of Soil Excavated (cubic yards): 2

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:

Will attach clean up confirmation sample analysis results when they come back from lab, with the disposal manifest.

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

Signed: _____ Print Name: Michael Cugnetti

Title: EH&S Manager Date: 01/02/2019 Email: mcugnetti@verdadoil.com

COA Type**Description****Attachment Check List****Att Doc Num****Name**

401890241 AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)