

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:

401976322

Date Received:

03/18/2019

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	<b>Phone Numbers</b>
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: \_\_\_\_\_

### 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: Michael Cugnetti

Title: EH&S Manager Date: 03/18/2019 Email: mcugnetti@verdadoil.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401976383	DISPOSAL MANIFEST
401976400	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)