

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

402033675

Date Received:

05/06/2019

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

460326

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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date:	05/06/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	2	2	<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? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 10 Width of Impact (feet): 4

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visually, in and around equipment.

Soil/Geology Description:

Pad Surface

Depth to Groundwater (feet BGS) 35 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>        </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>        </u>	None <input checked="" type="checkbox"/>
Wetlands	<u>        </u>	None <input checked="" type="checkbox"/>	Springs	<u>        </u>	None <input checked="" type="checkbox"/>
Livestock	<u>        </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>        </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Cam Lock on water transfer hose cracked/broke. 2bbls of fluid released to the surface of the pad. No fluids left the pad boundary. all fluids were recovered. Some of the fluid froze and was removed with shovels and placed in water haul truck. Drilling has been ongoing at this location, thus limiting access to the spill areas on the pad surface. Sampling is scheduled for May 7-8, 2019.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/06/2019		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)				
<div>Cam lock on water transfer hose failed/cracked.</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>All cam locks are to be inspected frequently for evidence of cracks and metal fatigue.</div>				
Volume of Soil Excavated (cubic yards): 0				
Disposition of Excavated Soil (attach documentation)		<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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:

Cam Lock on water transfer hose cracked/broke. 2bbls of fluid released to the surface of the pad. No fluids left the pad boundary. all fluids were recovered. Sampling of the location will be performed to assess the soil conditions related to this spill and spill report 401974215. Sampling is scheduled for May 7-8, 2019.

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: 05/06/2019 Email: lprescott@laramie-energy.com

## COA Type

## Description

	Per Conditions of Approval of Initial eForm 19 Spill/Release Report, doc #401885289, provide documentation of local government notification, per Rule 906.b, via Supplemental eForm 19.
	Submit documentation of May 2019 soil sampling event (soil sample location diagram, analytical summary table, and complete laboratory reports) via Supplemental eForm 19.

## Attachment Check List

Att Doc Num	Name
402033675	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402033754	AERIAL PHOTOGRAPH
402033758	AERIAL PHOTOGRAPH
402033759	OTHER
402050584	FORM 19 SUBMITTED

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)