

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:

402055762

Date Received:

05/26/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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: GREAT WESTERN OPERATING COMPANY LLC	Operator No: 10110	Phone Numbers
Address: 1001 17TH STREET #2000		Phone: (720) 595-2078
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Ben Huggins		Email: bhuggins@gwogco.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402055762

Initial Report Date: 05/26/2019 Date of Discovery: 05/24/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 1 TWP 3N RNG 68W MERIDIAN 6

Latitude: 40.259622 Longitude: -104.958222

Municipality (if within municipal boundaries): NA County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 Spill/Release Point Name: Wilson IC No Existing Facility or Location ID No.
 Number: 03-179HNX Well API No. (Only if the reference facility is well) 05-123-45439

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100 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: 13.3 bbls of oil base mud

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Clear / 52 degrees F

Surface Owner: OTHER (SPECIFY) Other(Specify): Maybelle and Donald Wilson Trust

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):

While drilling, the centrifuge feed pump over filled the tank due to the float not working. A pump was used to vacuum up the 13.3 bbls of drilling fluid which was then transferred to the solids control polishing tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/25/2019	Weld County	Tom Parko	--	Email: tparko@weldgov.com
5/25/2019	Weld County	Roy Rudisill	--	Email: rrudisill@weldgov.com
5/25/2019	Weld County	Jason Maxey	--	Email: jmaxey@weldgov.com
5/25/2019	Weld County	Gracie Marquez	--	Email: gmarquez@weldgov.com
5/25/2019	Weld County	Jim McDonald	--	Email: jmcdonald@weldgov.com
5/25/2019	COGCC	Chris Canfield	--	Email: chris.canfield@state.co.us
5/25/2019	Landowner	Roxanne Herring	--	Email: roxfish2255@gmail.com

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: 05/26/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	13	13	<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? 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): 30 Width of Impact (feet): 15

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): 2

How was extent determined?

Not yet determined

Soil/Geology Description:

Wiley-Colby complex, 1 to 3 percent slopes, Otero sandy loam, 5 to 9 percent slopes

Depth to Groundwater (feet BGS) 15

Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well 2850 None

Surface Water 660 None

Wetlands 660 None

Springs _____ None

Livestock _____ None

Occupied Building 1000 None

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/26/2019

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)

While drilling, the centrifuge feed pump over filled the tank due to the float not working.

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

Ran pump manually until electrician arrived on location

Volume of Soil Excavated (cubic yards): 0

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:

Empty box for 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: Jason Davidson

Title: Senior Geologist Date: 05/26/2019 Email: jdavidson@olsson.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

402055764

TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)