

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:

402061859

Date Received:

06/01/2019

**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.

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

464799

**OPERATOR INFORMATION**

Name of Operator: <u>EOG RESOURCES INC</u>	Operator No: <u>27742</u>	<b>Phone Numbers</b>
Address: <u>600 17TH ST STE 1100N</u>		Phone: <u>(307) 6874058</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(307) 2516728</u>
Contact Person: <u>Steve Bugni</u>		Email: <u>steve_bugni@eogresources.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402061859

Initial Report Date: 06/01/2019 Date of Discovery: 06/01/2019 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NW/NE SEC 6 TWP 11N RNG 62W MERIDIAN 6

Latitude: 40.955733 Longitude: -104.362096

Municipality (if within municipal boundaries): N/A County: WELD

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No 415149

Spill/Release Point Name: Simba 1-06 flowline  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: \_\_\_\_\_

**Land Use:**

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 45 degrees F, no precipitation

Surface Owner: FEE Other(Specify): \_\_\_\_\_

**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):

On the morning of 6/1/2019, a leak developed in an above-ground flowline between the tank battery and the Simba 1-06 SWD wellhead. Approximately 4 bbls of produced water spilled on location outside of secondary containment. The ground was mostly saturated with previous precipitation, so the spill did not appear to soak into the soil on location. The line was isolated to stop the leak at the time it was discovered. Standing fluids were recovered with a vac truck. The location will be evaluated for the need to excavate soils as the location dries out from precipitation. Initial notification to Weld County and the surface owner will be attempted to be made on the morning of 6/2/2019 in accordance with COGCC Rule 906.b.(2) and Rule 906.b.(3), respectively.

**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: Steve Bugni

Title: Environmental Rep Date: 06/01/2019 Email: steve\_bugni@eogresources.com

**COA Type**

**Description**

COA Type	Description

**Attachment Check List**

**Att Doc Num**

**Name**

402061859	SPILL/RELEASE REPORT(INITIAL)
402062045	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	COGCC Staff changed related facility from API 05-123-31035 to Location ID 415149, and facility type from "Well" to "Flowline"; COGCC also added the Spill/Release Point Name: "Simba 1-06 flowline"	06/03/2019
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Total: 1 comment(s)