

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:

402068904

Date Received:

06/10/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

464799

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

### 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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date:	06/10/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	4	4	<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): 20 Width of Impact (feet): 10

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 1

How was extent determined?

The extent was determined visually.

Soil/Geology Description:

The soils on location are road base on top of native soils.

Depth to Groundwater (feet BGS) 60 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>1100</u>	None <input 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:

The spill occurred at an area which had soils saturated with rain water, along with standing rain water. 4 bbls of produced water was spilled, and 8 bbls were recovered with a vac truck due to also recovering standing rain water. All recovered water was returned to the Simba 1-06 SWD system for injection. Soil samples will be collected the week of 6/10/2019 to determine the extent of contamination and/or need for excavation of soils for disposal. Samples will be analyzed for TPH, BTEX, EC, pH, and SAR.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 06/10/2019
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
<div style="border: 1px solid black; padding: 5px;">The spill occurred on an above-ground flowline between the triplex injection pump and the wellhead. The line has been in service for approximately 3 years. A pinhole developed in the line due to internal corrosion from produced water.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div style="border: 1px solid black; padding: 5px;">The corroded line was replaced.</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): _____	
Volume of Impacted Surface Water Removed (bbls): 4	

## 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:

Notification to Weld County and the Landowner were made on 6/2/2019 in accordance with COGCC Rules 906.b.(2) and 906.b.(3), respectively.

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: 06/10/2019 Email: steve\_bugni@eogresources.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

402068935	AERIAL PHOTOGRAPH
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)