

State of Colorado
Oil and Gas Conservation Commission

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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: <u>EOG RESOURCES INC</u>	Operator No: <u>27742</u>	Phone Numbers
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: _____

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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): <u>20</u>		Width of Impact (feet): <u>10</u>		
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____		
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) <u>60</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water <u>1100</u>	None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____	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) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

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.

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

The corroded line was replaced.

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): _____

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

Attachment Check List

Att Doc Num	Name
402068904	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402068935	AERIAL PHOTOGRAPH
402072809	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)