

Field/Unit: _____

Spill #: 2019-0016

Spill Name: WOLFE 33-7-22 #5

ABOVE FIELDS FOR AGENCY USE ONLY



Southern Ute Indian Tribe Department of Energy Exploration & Production Spill/Release Report

14929 Highway 172, P.O. Box 1500, Ignacio, CO 81137
(970) 563-5550

This form is to be completed and submitted to the Southern Ute Indian Tribe Department of Energy by the operator responsible for the spill or release within 24 hours of spill discovery. Any release which threatens or reaches waters of the U.S. must be reported as soon as practicable. This form can be submitted by emailing the completed form to spill@sudoe.us. This form must be accompanied by a topographic or aerial map showing the release location and extent.

OPERATOR INFORMATION

Name of Operator: <u>Red Willow Production Company</u>		Operator No.: _____	
Address: <u>14933 HWY 172, PO Box 369</u>		Phone: <u>970-563-5194</u>	
City: <u>Ignacio</u>	State: <u>CO</u>	Zip: <u>81137</u>	Mobile: <u>970-442-1554</u>
Contact Person: <u>Shelly Cowden</u>		Email: <u>scowden@rwpc.us</u>	

INITIAL SPILL/RELEASE REPORT

Initial Report Date: <u>6/3/2019</u>		Date/Time of Occurance: <u>6/3/2019 10:30AM</u>		Spill Type: <u>Spill on the ground with no obstructions</u>	
Spill/Release Point Location:					
Legal Description of Release Location: <u>QTRQTR SWSE</u> SECTION <u>22</u> TWP <u>33N</u>					
Latitude: <u>37.085704</u>		RANGE <u>7W</u>		MERIDIAN <u>NMPM</u>	
Longitude: <u>107.594153</u>		Municipality/County: <u>La Plata</u>			
<small>(decimal degrees)</small> ***A location map <u>MUST</u> be provided with this spill report***					
Reference Location: (Well, ROW, CDP, Disposal Well, etc.)			Lease #: <u>I-22-IND2788</u>		
Facility Type: <u>Well</u>			Facility Name/API #: <u>Wolfe 33-7-22 #5</u>		
Spill/Release Details:					
Was one (1) barrel or more spilled outside of berms or secondary containment? <u>yes</u>					
Were five (5) barrels or more spilled? <u>yes</u>					
<i>**Secondary containment must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs**</i>					
Any injuries associated with release? <u>no</u>					
Estimated Total Spill Volumes					
Estimated Oil Spill Volume (bbl): _____		Estimated Condensate Spill Volume (bbl): _____			
Estimated Flowback Fluid Spill Volume (bbl): _____		Estimated Produced Water Spill Volume (bbl): <u>8.96</u>			
Estimated Other E&P Spill Volume (bbl): _____		Estimated Drilling Fluid Spill Volume (bbl): _____			
Amount Recovered (bbl): <u>5</u>		Amount Lost (bbl): _____			
Cause and description of release, environmental impacts, actions taken to control release, and cleanup and response:					
<u>Bleeder valve leak</u>					
What actions will be taken to prevent a recurrence or similar event? <u>A Root Cause Analysis will be conducted to determine the cause and see if any additional measures should be implemented.</u>					
Land Use:					
Current Land Use: <u>Ag</u>		Other (Specify): _____			
Weather Conditions: <u>Sunny</u>		Other (Specify): _____			
Surface Owner: <u>FEE</u>		Other (Specify): _____			
Check if impacted or threatened by spill/release (Check all that apply):					
Waters of the U.S. <input type="checkbox"/>		Residence/Occupied Structure <input type="checkbox"/>		Livestock <input type="checkbox"/>	
Surface Water Supply Area <input type="checkbox"/>				Public Byway <input type="checkbox"/>	

NOTIFICATIONS

Date/Time	Agency	Contact Person	Phone	Response
6/3/2019 3:57PM	DOE	Doug Krueger	970-563-5565	Notificatin of Release
6/4/2019 9:00AM	COGCC	Jim Hughes	970-884-0491	Courtesy Notification

OPERATOR CERTIFICATION STATEMENT

I hereby certify that all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: Shelly Cowden

Print Name: Shelly Cowden

Title: Sr. Env/Compliance Spec.

Date: 6/4/2019

Email: scowden@rwpc.us

ATTACHMENTS

Document Name	Description
Release Map	Map of extent of release
Photo Doc	Photographic documentation of incident

Additional Comments/Information

FINAL CLOSURE CERTIFICATION

Instructions: Operator must resubmit this form along with documentation of closure activities within 30 days of completion of closure activities. Do not complete this portion until closure activities are complete.

I hereby certify that the spill detailed above has been remediated in accordance with regulatory requirements and tribal requests, and all information submitted in connection with this spill and closure activities is true, accurate, and complete to the best of my knowledge.

Signature: _____

Title: _____

Name: _____

Date: _____

Email: _____

BIA/BLM Concurrence

Attached

Date: _____

Comments: _____
