

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:

402103762

Date Received:

07/11/2019

Spill report taken by:

Spill/Release Point ID:

## 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.

### OPERATOR INFORMATION

|  |                           |  |
|--|---------------------------|--|
| Name of Operator: <u>PDC ENERGY INC</u>        | Operator No: <u>69175</u> | <b>Phone Numbers</b>                   |
| Address: <u>1775 SHERMAN STREET - STE 3000</u> |                           | Phone: <u>(970) 506-9272</u>           |
| City: <u>DENVER</u>                            | State: <u>CO</u>          | Mobile: <u>(307) 373-6581</u>          |
| Zip: <u>80203</u>                              |                           | Email: <u>zack.liesenfeld@pdce.com</u> |
| Contact Person: <u>Zack Liesenfeld</u>         |                           |  |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402103762

Initial Report Date: 07/11/2019 Date of Discovery: 07/08/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 5 TWP 3N RNG 64W MERIDIAN 6

Latitude: 40.248700 Longitude: -104.577340

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 461014

Spill/Release Point Name: Becker Ranch Spread Field ☐ No Existing Facility or Location ID No.

Number: 3 ☐ 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? Yes

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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Water based drill cuttings

#### Land Use:

Current Land Use: OTHER Other(Specify): Spread Field

Weather Condition: Sunny and warm

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):

Due to recent precipitation events, PDC discovered a reportable off-site release of water based drilling mud from the Becker #3 spread field. PDC is currently working to stabilize the area, repair/enforce damaged BMPs and recovery efforts are mitigating impacts.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 7/9/2019    | COGCC               | Bob Chesson    | -            | Via Phone Call  |
| 7/8/2019    | Land Owner          | NA             | -            | Vebaly          |

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: Zack Liesenfeld

Title: EHS Rep Date: 07/11/2019 Email: zack.liesenfeld@pdce.com

### COA Type                      Description

|  |  |
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### Attachment Check List

#### Att Doc Num              Name

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Total Attach: 0 Files

### General Comments

#### User Group              Comment    Comment Date

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)