

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402123538

Date Received:

07/29/2019

Spill report taken by:

Kosola, Jason

Spill/Release Point ID:

466332

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>EVERGREEN NATURAL RESOURCES LLC</u>	Operator No: <u>10705</u>	Phone Numbers
Address: <u>1801 BROADWAY SUITE 350</u>		Phone: <u>(719) 846-7898</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Cheri Morgan</u>		Email: <u>cheri.morgan@enrllc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402123538

Initial Report Date: 07/26/2019 Date of Discovery: 07/23/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 36 TWP 34S RNG 66W MERIDIAN 6

Latitude: 37.040490 Longitude: -104.728770

Municipality (if within municipal boundaries): _____ County: LAS ANIMAS

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No _____

Spill/Release Point Name: Worm 33-36 ☐ No Existing Facility or Location ID No.

Number: _____ ☒ Well API No. (Only if the reference facility is well) 05-071-06826

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): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Dry, Warm & Sunny

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):

We had a spill that was found (7/23/2019) around 2 pm on the WORM 33-36 well site (API# 05-071-06826). At a review of location, a packing leak from water gathering line was found. Lease operator was on location with COGCC Inspector Tom Beardslee where he immediately isolated leak. The water flowed from near the well head onto location, but did not leave location. No State Waters were involved. It is estimated that at this time that approximately 5 bbl. of produced water was spilled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/24/2019	COGCC	Jason Kosola	-	Email
7/24/2019	LACOG	Robert Lucero	-	Email
7/24/2019	Landowner	Bobby Hill	-	Phone Call

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:

Plans for root cause investigation & further repairs are in progress.

Necessary changes to coordinates

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

Signed: _____ Print Name: Cheri Morgan

Title: Regulatory Specialist Date: 07/29/2019 Email: cheri.morgan@enrllc.com

<u>COA Type</u>	<u>Description</u>
	Operator shall provide root cause of spill and prevention procedures on Form 19 Supplemental within 10 days of spill as required per Rule 906.b

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402123538	SPILL/RELEASE REPORT(INITIAL)
402125039	SITE MAP
402125049	TOPOGRAPHIC MAP
402125748	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	-Changed the Reference Location from Produced Water Transfer System 427440 to Well 071-06826 to reflect the spill from the wellhead. -Changed spill description text from "packing leak from water gathering line was found" to "packing leak from wellhead" to reflect what COGCC inspector observed.	07/29/2019
Environmental	Returned to DRAFT. Reference Location is Produced Water Transfer System but text describes spill as occurring from Wellhead.	07/27/2019

Total: 2 comment(s)