

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:

402147580

Date Received:

08/16/2019

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

466667

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>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>	Phone Numbers
Address: <u>1401 SEVENTEENTH STREET #1401</u>		Phone: <u>(970) 8125311</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Lorne C Prescott</u>		Mobile: <u>(970) 2106889</u>
		Email: <u>lprescott@laramie-energy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402142236

Initial Report Date: 08/13/2019 Date of Discovery: 08/12/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 31 TWP 7S RNG 97W MERIDIAN 6Latitude: 39.399015 Longitude: -108.260245Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: OIL AND GAS LOCATION☒ Facility/Location ID No 421296Spill/Release Point Name: 28-10 Off load Facility☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approx 120 gallons or about 3 bbls released

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Dry, 90 deg fSurface Owner: FEDERAL

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):

During fluid transfer from Cascade Creek to this location Laramie staff observed the release of fluids. Transfer was shut-off/terminated. No fluids left the boundary of the location. The fluid was absorbed by the soil almost immediately, no fluids were recovered. Estimate of volume released is based on the area occupied by the spill. Area is estimated to be 0.5 inches in depth, 3 feet wide and 150 feet long. Soil sampling, analysis and additional delineation will be conducted on August 13 or 14.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/13/2019	GARCO LGD	Kirby Wynn	-	Acknowledged
8/13/2019	BLM	Jim Byers	970-3192532	Acknowledged
8/13/2019	BLM	Scott Hall	970-2443009	Acknowledged

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: 08/16/2019			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	3	0	<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) <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): 150	Width of Impact (feet): 3	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____		
How was extent determined?				
Visual assessment at the time of release. See attached photographs. Conditions were extremely dry, the released fluid was absorbed by the soil rapidly. The release was observed by Laramie staff as it occurred and the flow was cut off almost immediately. Resultant release was approximately 120 gallons or 3 bbls.				
Soil/Geology Description:				
Map Unit Symbol 44				
Depth to Groundwater (feet BGS) 50		Number Water Wells within 1/2 mile radius: 1		
If less than 1 mile, distance in feet to nearest		Water Well 1289	None <input type="checkbox"/>	Surface Water 311 None <input type="checkbox"/>

Wetlands _____ None ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

Sampling and deliniation has been conducted. Lab results and final deliniation diagram were not available at the time of this submittal.

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:

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

Signed: _____ Print Name: Lorne C PrescottTitle: reg&enviro compliance Date: 08/16/2019 Email: lprescott@laramie-energy.com**COA Type****Description**

	Submit complete documentation of August 13/14 2019 sampling event via a Supplemental eForm 19. Operator's Supplemental eForm 19 shall also include a revised estimate for Depth of Impact in inches or feet BGS.
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Attachment Check List**Att Doc Num****Name**

402147580	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402147639	AERIAL PHOTOGRAPH
402147640	OTHER
402153762	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)